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ABSTRACT

This publication examines in detail the problem of teenage pregnancy in South Carolina. Following the executive summary and a listing of eight recommendations based on the report, chapter 1 presents tables of selected vital statistics related to teen pregnancy in South Carolina. All statistics are shown by county and by Department of Health and Environmental Control (DHEC) district from 1980-1982, for teens aged 14-17. Statistics are for live births, estimated pregnancies, out-of-wedlock births, and induced abortions. Numbers and ranges are presented for each year and with a 3-year average. Chapter 2 reviews the literature on teenage pregnancy including characteristics and predictors of sexually active teens, teen use of contraceptives, and the medical and social consequences of teen pregnancies. Chapter 3 presents data on the public sector costs of teenage pregnancy in South Carolina, along with projected costs through 1990. Chapter 4 describes selected South Carolina teenage pregnancy programs which represent either primary, secondary (during pregnancy) or tertiary (following pregnancy) intervention. Appendix A provides results of a survey of South Carolina teen pregnancy programs, and Appendix B lists South Carolina programs by prevention focus, i.e., primary, secondary, or tertiary. (MCF)

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TEENAGE PREGNANCY IN SOUTH CAROLINA

EVERYBODY'S PROBLEM

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SOUTH CAROLINA DEPARTMENT OF HEALTH
AND ENVIRONMENTAL CONTROL
DIVISION OF FAMILY PLANNING
OFFICE OF HEALTH EDUCATION

CG017944

TEENAGE PREGNANCY IN SOUTH CAROLINA
EVERYBODY'S PROBLEM

OCTOBER, 1983

PRODUCED BY:

DIVISION OF FAMILY PLANNING
AND
OFFICE OF HEALTH EDUCATION
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

CG 017944

South Carolina Department of Health and Environmental Control

2600 Bull Street
Columbia, S.C. 29201

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October 17, 1983

TO: The Citizens of South Carolina

The consequences of early teen pregnancy have been described in national publications and in local reports. These consequences include health risks for both mother and infant, delayed or terminated formal education, and increased probability of welfare dependency.

This report examines in detail the teen pregnancy figures for South Carolina, estimates the cost in terms of tax dollars spent for necessary health and welfare support, and describes a representative group of preventive or support programs around the state focusing on aspects of the problem.

I commend this report and its recommendations to all thoughtful and concerned South Carolinians. We must understand the dimensions of the problem if we hope to make an impact on the personal and societal costs of teen pregnancy in our state. The recommendations should engender creative discussion about what roles individuals, families, the private and public sectors can play in working together to decrease the numbers of children having children.

Robert S. Jackson, M.D.

ACKNOWLEDGEMENTS

Members of the Office of Health Education, Division of Family Planning, Division of Biostatistics, Health Education Division of East Midlands Public Health District, Health Education Division of Waccamaw Public Health District, and the Department of Health Education, School of Public Health, University of South Carolina contributed to the preparation of this report.

This committee was called the Family Planning Health Education Data Advisory Committee.

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Jerry chaired the committee for the last months in pulling the report together. He is the principal author of the section "Teen Pregnancy Statistics for South Carolina Counties".

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Jerry Dell represented the Division of Maternal and Child Health on the committee. She was a refreshing source of useful ideas and she coordinated the review and approval process.

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Peter was the catalyst for the formation of the committee. He identified planning and evaluation problems with inadequate and inconsistent teenage pregnancy data. He provided the committee with inspiration and leadership as well as contributed to the identification of data needs. He co-authored the Prenatal Service Research Study.

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Tom was instrumental in identifying the problems with teenage pregnancy data and its use at the local level. He co-authored the section "Teen Pregnancy: Causes and Consequences." He made valuable contributions to the section of "Public Sector Costs." He co-authored the Prenatal Service Research Study which is cited.

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Judy devoted hours and hours to typing the many drafts of this report.

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Francis efficiently typed tables, labels, and letters.

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TEENAGE PREGNANCY IN SOUTH CAROLINA

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EXECUTIVE SUMMARY

TEENAGE PREGNANCY IN SOUTH CAROLINA

Annually in South Carolina about 5,700 teen girls aged 14-17 become pregnant and about 4,000 of these girls give birth. In the five year period 1978-1982, however, the number of live births to teens has declined 15.0 percent and the estimated number of teen pregnancies declined 12.2 percent. One of the reasons for the decline may be the significant increase of 35.5 percent in the family planning caseload during this same time period. The number of patients 14-17 grew from 10,905 to 14,772. Even with these declines, an estimated 30 percent of all teen pregnancies are terminated with an induced abortion and two-thirds of the live births to teens are out-of-wedlock births.

Public Sector Costs:

Researchers have consistently found that teenaged mothers resort disproportionately to the welfare system for economic support. This is especially true in South Carolina where in 1979, 18.6 percent of all mothers receiving welfare were under 20 years of age, compared to 7.4 percent nationally. Of the 35 states reporting their welfare statistics, South Carolina has the highest percentage of teens receiving welfare.

It is conservatively estimated that in 1981, the one year public sector cost of first live births to teens under 20 was $13,147,030. This amounts to about $5,350 per teen mother and her first baby and includes medical and welfare benefits for the first

year. If the AFDC and Food Stamps costs alone are then projected over a 10 year period, that is to 1990, the total cost is $90,585,378, or $36,853 per teen first live birth in 1981. In addition, there will be approximately 2,500 more first live births to teens in 1983, and each year thereafter, that will each generate an additional $90,000,000 in the subsequent 10 year period.

Causes and Consequences:

The average age of first intercourse in 1979 was 16.5 for white teens and 15.5 for black teens. Teens who become sexually active at an early age lack the self-esteem and communication skills to resist peer pressure and say no, are more likely to come from single parent families, have less parental control, participate in a peer environment with opportunities for sexual activity and perceive few educational and vocational options open to them. Teens who delay sexual activity are more likely to come from intact families, have accurate sex knowledge and can communicate with parents and peers about sexual matters and other values, attend church more, and have educational or vocational aspirations.

The health consequences of teen pregnancies are well known including poor nutritional status, little or no prenatal care, greater pregnancy complications and maternal deaths resulting in a higher rate of low birth weight babies and infant deaths and handicap. In some South Carolina counties, 80% of the mothers under age 18 receive inadequate prenatal care. Social consequences include marriages more likely to end in divorce, welfare dependency, and larger families continuing at a disadvantage economic level due to lack of educational completion and vocational skills. Children of teenage mothers are more

likely to have lower IQ's and resulting poor school performance as a result of inadequate early parenting skills and more unstable family environments. And the cycle continues as the children of teen mothers are more likely to become teenage mothers themselves.

Programs and Services for Teenage Pregnancy:

There are four possible intervention points in attempting to halt the cycle of teenage pregnancy:

1) Interventions prior to the initiation of sexual activity;

2) Interventions prior to pregnancy;

3) Interventions during pregnancy;

4) Intervention following pregnancy.

Although several exemplary programs are in operation in the state in the Pee Dee area and in Bamberg County, there generally are few primary prevention programs that are attempting to delay the initiation of sexual activity. Research indicates that effective programs are characterized by active cooperation of communities, school districts, public health departments, and parents to assure that students receive accurate sexual knowledge, skills on how to determine risks, and assertively resist pressure from peers.

There appears to be adequate distribution of family planning services available to teens and are increasingly being utilized by teenagers. Effective health department linkages with school districts characterized exemplary programs as in Richland School District #1 where school nurses at middle and high school levels effectively assure continuation of these networks.

Although prenatal care is generally available, early utilization by pregnant teens is inadequate and there are few specialized adolescent obstetrical programs that provide the necessary coordination and follow-up needed by teen mothers. Few examples of teen parent programs were found. Strong linkages with existing vocational and educational continuation opportunities are missing and although there were some programs addressing parenting skills, there is very little attention to the special child care needs and developing job skills that would alleviate welfare dependency.

RECOMMENDATIONS

The following are recommendations of the Family Planning Data Committee, DHEC, responsible for the preparation of this report:

1) Although the incidence of teenage pregnancy seems to be declining, the problem continues increasing public sector costs and costs to South Carolina society in expensive damage to otherwise more productive lives. Primary prevention efforts cannot be abandoned, and rather should be increased to further accelerate the current declines.

2) Many more programs are needed across the state at the first level of primary prevention, targeted to middle school students and younger teens to delay initiation of sexual activity. These programs, to be most effective, must involve parents, schools, community health providers, and the other social, religious, and leisure time resources in the community. Programs helping parents to become better sex educators of their children may reap the greatest long range benefits.

3) To prevent pregnancies, effective linkages are necessary between school districts and community health providers. To maintain these linkages, more school districts need nurses serving middle and secondary schools.

4) Adolescent health promotion and wellness efforts, particularly addressing nutritional habits and development of sound preconceptual health status are necessary across the state. In rural areas, mobile units providing comprehensive adolescent health services,

as in Beaufort and Jasper counties, provide a feasible and effective model.

5) Content of reproductive health or sex education programs must include decision making skills, communication skills, assertiveness training as well as growth and development and contraceptive information. Facts alone are not enough if teens lack the skills to use information wisely and responsibly. Opportunities for guided value development must be available to teens whether in the home, school, church or other settings.

6) Services for pregnant teens necessarily need to incorporate extended family involvement to enable the continued support needed by the teen mothers. Programs serving pregnant teens should include referrals and follow-up for education continuation and development of parenting and other life skills needed by the teenage parent.

7) Parents and personnel working with teenagers, whether in schools, health or other community service organizations, must encourage and support girls and young women in their educational and vocational aspirations. Part time employment, community service, and constructive leisure time opportunities need to be widely available for teenagers to help them recognize and experience options to early parenthood.

8) Agencies and organizations dealing with teens need to keep teenage-specific data. Program evaluations are necessary.

TEEN PREGNANCY STATISTICS FOR SOUTH CAROLINA COUNTIES

This chapter presents tables for selected vital statistics concerning teen pregnancy in South Carolina. All statistics are shown by county and DHEC district over a three-year period (1980-1982) for teens aged 14-17. The statistics presented are for live births, estimated pregnancies, out-of-wedlock births and induced abortions. The numbers and rates are first shown for each successive year and then with a three-year average. This is done to show any trend or to even out any unusual fluctuations due to small numbers. A second chart is shown ranking each district and county according to the three-year average with the highest rate shown first. Local decision makers may find this table particularly interesting.

A particular word of caution must be given concerning abortion statistics, since abortions performed out-of-state are not reported back to South Carolina. This lack of data particularly affects border counties, such as Aiken and York, whose residents may have the procedure done in Augusta or Charlotte. Lack of out-of-state abortion statistics also affects the estimated number of pregnancies which is obtained by summing the total of live births, fetal deaths (stillbirths) and abortions. The estimated pregnancy rate is calculated in order to reflect for the high level of fertility which is not accounted for if only live births are considered. Because of the lack of complete abortion statistics, the number of estimated pregnancies should be considered a minimum figure.

LIVE BIRTHS

In the three year period 1980 to 1982, there were 11,870 live births to teens aged 14-17 for an average of 3,957 annually. Each year approximately 3.5% of all the females, age 14-17, have a live birth.

The 5 counties with the highest live birth rates are:

Allendale	69.5 per 1,000 females, age 14-17
Marion	48.6
Cherokee	48.3
Marlboro	47.2
Chester	45.3

ESTIMATED PREGNANCIES

Adding the number of fetal deaths (stillbirths) and induced abortions to the live births gives an estimate of the number of pregnancies for teens aged 14-17. For 1980-82 an additional 5,248 pregnancies occurred which when added to the live births for that period gives a grand total of 17,118 pregnancies. This averages to 5,705 per year and means that about 4.9% of these teens become pregnant each year.

The 5 counties with the highest pregnancy rates are:

Allendale	81.5 per 1,000 females, age 14-17
Greenwood	64.8
Bamberg	60.6
Newberry	60.1
Charleston	59.2

OUT-OF-WEDLOCK BIRTHS

During this same time period, teens 14-17 had 8,110 out-of-wedlock live births, or 2,703 per year.

Two thirds (66.7%) of teen births occur out-of-wedlock compared to 21.1% of all live births in South Carolina that occur out-of-wedlock.

The 5 counties with the highest percentages of out-of-wedlock births are:

McCormick	92.9% of births to females 14-17
Allendale	86.2
Lee	84.0
Orangeburg	83.0
Williamsburg	81.8

Even in the county with the lowest percentage (Pickens), more than 1/3 of its live births were out-of-wedlock (37.0%).

INDUCED ABORTIONS

Another area of concern is the high number of abortions within this age group. There were 5,051 induced abortions reported or an average of 1,684 per year. This is a conservative estimate, since it does not include abortions performed out-of-state. Even with this low estimate, it appears that 30% of all pregnancies with this age group end by induced abortion. This compares to 20% of pregnancies ended by abortion for all age groups.

The 5 counties with the highest abortion ratio are:

Lexington	972.7	abortions per 1,000 live births to females 14-17
Dorchester	950.0	
Richland	811.5	
Pickens	661.8	
Greenwood	654.3	

The live birth rate of 33.8 for this age group is well below the 90.4 rate per 1,000 population for all females 15-44 in South Carolina. However, the number of pregnancies in this age group is critical because of the high number that terminate in abortions and the extraordinarily high percentage of live births which are out-of-wedlock. The importance of teen pregnancy and its impact upon health status is confirmed by the well-known relationship between age and birth weight. One study shows that 7.9% of live

births in South Carolina are low birth weight. When teens under the age of 18 are singled out, this percentage jumps to 12.5%.[1]

If any encouragement can be found for this picture, it is in the fact that with the four events examined, all appear to be declining in number over the past five (5) years as is indicated below:

SELECTED INDICATORS OF TEEN PREGNANCY, SC 1978-1982

	1978	1979	1980	1981	1982	% Decline
Live Births	4,407	4,301	4,232	3,894	3,744	15.0%
Out-of-Wedlock Live Births	2,961	2,848	2,856	2,656	2,598	12.2%
Est. Pregnancies	6,147	6,077	6,078	5,642	5,398	12.2%
Induced Abortions	1,677	1,700	1,777	1,681	1,593	4.4%

The number of live births, estimated pregnancies, and out-of-wedlock livebirths has declined each year except for a slight increase in 1980. The number of induced abortions peaked in that same year and have declined markedly. The five year percent decrease is only 2.5%, but the decrease between 1980 and 1982 jumped to 12.7%. Perhaps, the Statewide Family Planning Program can take some credit for this. In this same time period, the number of family planning patients aged 14-17 grew from 10,905 to 14,772 for an increase of 35.5%.

[1]Alexander, Greg R., and Lynn Shirley, "Examining Bivariate Relationships with Three-Dimensional Computer Graphics", Preventive Medicine Quarterly, Vol. 6, No. 2, Summer, 1982.

LIVE BIRTHS AND LIVE BIRTH RATE, 14-17 YEARS OLD, 1980-1982
SOUTH CAROLINA, EACH COUNTY AND HEALTH DISTRICT
(RESIDENCE DATA)

	NUMBER				RATE			
COUNTY/DISTRICT	1980	1981	1982	3-YEAR AVERAGE	1980	1981	1982	3-YEAR AVERAGE
04 Anderson	184	191	153	176	39.5	40.8	32.5	37.8
37 Oconee	48	53	36	46	29.3	32.4	22.0	28.1
APPALACHIA I	232	244	189	222	36.8	38.6	29.8	35.2
23 Greenville	337	308	300	315	33.0	20.4	29.4	30.8
39 Pickens	87	57	59	68	34.0	22.0	22.5	26.5
APPALACHIA II	424	365	359	383	33.2	28.5	28.0	30.0
11 Cherokee	77	71	73	74	50.2	46.8	48.6	48.3
42 Spartanburg	273	259	237	256	37.9	36.1	33.2	35.6
44 Union	36	55	35	42	31.6	49.0	31.6	36.8
APPALACHIA III	386	385	345	372	39.1	39.2	35.4	37.7
01 Abbeville	23	34	26	28	26.1	42.5	32.9	31.8
19 Edgefield	24	23	23	23	34.5	33.3	33.6	33.0
24 Greenwood	80	79	83	81	38.1	37.7	39.8	38.6
30 Laurens	72	63	69	68	36.9	32.7	36.2	34.9
35 McCormick	15	16	12	14	44.0	47.5	36.1	41.1
41 Saluda	18	27	35	27	28.4	42.9	56.0	42.6
UPPER SAVANNAH	232	242	248	241	35.5	37.4	38.6	36.9
12 Chester	65	45	51	54	54.5	38.4	44.1	45.3
29 Lancaster	85	66	66	72	41.6	32.3	32.2	35.3
46 York	151	135	129	138	37.9	33.8	32.2	34.7
CATAWBA	301	246	246	264	41.7	34.1	34.1	36.6
20 Fairfield	30	26	36	31	32.9	28.8	40.4	34.0
40 Richland	262	265	253	260	29.3	28.6	27.6	29.1
EAST MIDLANDS	292	291	289	291	29.6	28.7	28.7	29.5
05 Bamberg	27	33	36	32	36.3	44.6	48.8	43.1
09 Calhoun	26	16	18	20	49.3	30.5	34.5	38.0
38 Orangeburg	170	148	142	153	48.9	42.6	41.0	44.0
LOWER SAVANNAH II	223	197	196	205	47.0	41.6	41.5	43.2
14 Clarendon	49	44	47	47	39.6	36.0	38.9	38.0
28 Kershaw	42	43	40	42	25.2	26.0	24.4	25.2
31 Lee	32	26	17	25	34.7	28.5	18.9	27.1
43 Sumter	145	114	119	126	40.2	31.9	33.6	34.9
WATEREE	268	227	223	240	36.0	30.8	30.6	32.3
17 Dillon	57	64	50	57	40.2	45.6	36.0	40.2
21 Florence	176	137	136	150	39.9	31.0	30.8	34.0
33 Marion	65	75	64	68	46.5	53.9	46.3	48.6
PEE DEE I	298	276	250	275	41.2	38.3	34.8	38.1
22 Georgetown	53	58	60	57	30.7	33.3	34.2	33.0
26 Horry	144	116	113	124	39.1	30.8	29.5	33.7
45 Williamsburg	67	41	57	55	40.0	24.7	34.5	32.9
WACCAMAW	264	215	230	236	37.3	30.0	31.8	33.3
08 Berkeley	111	97	83	97	29.5	24.9	20.7	25.7
10 Charleston	375	359	346	360	37.6	36.3	35.2	36.1
18 Dorchester	60	63	58	60	23.3	23.8	21.5	23.3
TRIDENT	546	519	487	517	33.5	31.6	29.5	31.7
07 Beaufort	69	63	73	68	33.5	30.7	35.4	33.4
15 Colleton	57	45	42	48	41.0	32.4	30.4	34.5
25 Hampton	33	33	29	32	44.4	44.5	39.3	43.0
27 Jasper	39	26	15	27	60.0	39.8	22.9	41.5
LOW COUNTRY	198	167	159	175	41.1	34.5	32.9	36.3
02 Aiken	126	104	140	123	31.8	26.4	35.7	31.1
03 Allendale	30	34	22	29	71.9	82.3	53.8	69.5
06 Barnwell	32	28	28	29	41.0	36.0	36.2	37.2
LOWER SAVANNAH I	188	166	190	181	36.5	32.4	37.2	35.1
13 Chesterfield	60	48	44	51	39.1	31.4	29.0	33.2
16 Darlington	96	92	84	91	38.2	36.8	33.7	36.3
34 Marlboro	81	69	48	66	57.9	49.5	34.5	47.2
PEE DEE II	237	209	176	208	43.5	38.6	32.6	38.2
32 Lexington	103	114	114	110	19.7	21.3	20.8	21.0
36 Newberry	40	31	43	38	39.4	30.9	43.3	37.4
WEST MIDLANDS	143	145	157	148	22.9	22.8	24.3	23.7
STATE	4,232	3,894	3,744	3,958	36.2	33.2	31.9	33.8

Rate per 1,000 Female Population Age 14-17 Years (1980 Census).

LIVE BIRTH RATE, 14-17 YEAR OLD
THREE-YEAR AVERAGE, 1980-1982
RANKED BY COUNTY AND HEALTH DISTRICT

RANK	COUNTY	RATE	NUMBER
1.	Allendale	69.5	29
2.	Marion	48.6	68
3.	Cherokee	48.3	74
4.	Marlboro	47.2	66
5.	Chester	45.3	54
6.	Orangeburg	44.0	153
7.	Bamberg	43.1	32
8.	Hampton	43.0	32
9.	Saluda	42.6	27
10.	Jasper	41.5	27
11.	McCormick	41.1	14
12.	Dillon	40.2	57
13.	Greenwood	38.6	81
14.	Calhoun	38.0	20
15.	Clarendon	38.0	47
16.	Anderson	37.8	176
17.	Newberry	37.4	38
18.	Barnwell	37.2	29
19.	Union	36.8	42
20.	Darlington	36.3	91
21.	Charleston	36.1	360
22.	Spartanburg	35.6	256
23.	Lancaster	35.3	72
24.	Laurens	34.9	68
24.	Sumter	34.9	126
26.	York	34.7	138
27.	Colleton	34.5	48
28.	Fairfield	34.0	31
28.	Florence	34.0	150
30.	Horry	33.7	124
31.	Beaufort	33.6	68
32.	Chesterfield	33.2	51
33.	Edgefield	33.0	23
33.	Georgetown	33.0	57
35.	Williamsburg	32.9	55
36.	Abbeville	31.8	28
37.	Aiken	31.1	123
38.	Greenville	30.8	315
39.	Richland	29.1	260
40.	Oconee	28.1	46
41.	Lee	27.1	25
42.	Pickens	26.5	68
43.	Berkeley	25.7	97
44.	Kershaw	25.2	42
45.	Dorchester	23.3	60
46.	Lexington	21.0	110
	STATE	33.8	3,958

RANK	DISTRICT	RATE	NUMBER
1.	Lower Savannah II	43.2	205
2.	Pee Dee II	38.2	208
3.	Pee Dee I	38.1	275
4.	Appalachia III	37.7	372
5.	Upper Savannah	36.9	241
6.	Catawba	36.6	264
7.	Low Country	36.3	175
8.	Appalachia I	35.2	222
9.	Lower Savannah I	35.1	181
10.	Waccamaw	33.3	236
11.	Wateree	32.3	240
12.	Trident	31.7	517
13.	Appalachia II	30.0	383
14.	East Midlands	29.5	291
15.	West Midlands	23.7	148
	STATE	33.8	3,958

Rate/1,000 Female Population Age 14-17 Years (1980 Census).

ESTIMATED PREGNANCIES AND RATE, 14-17 YEARS OLD, 1980-1982
SOUTH CAROLINA, EACH COUNTY AND HEALTH DISTRICT
(RESIDENCE DATA)

	NUMBER				RATE			
COUNTY/DISTRICT	1980	1981	1982	3-YEAR AVERAGE	1980	1981	1982	3-YEAR AVERAGE
04 Anderson	269	261	217	249	57.7	55.7	46.1	53.4
37 Oconee	61	77	52	63	37.2	47.1	31.8	38.5
APPALACHIA I	330	338	269	312	52.4	53.5	42.4	49.5
23 Greenville	568	513	474	518	55.6	50.2	46.5	50.7
39 Pickens	139	100	100	113	54.3	38.5	38.2	44.1
APPALACHIA II	707	613	574	631	55.3	47.9	44.8	49.4
11 Cherokee	87	78	80	82	56.8	51.4	53.2	53.5
42 Spartanburg	396	358	348	367	55.0	49.9	48.7	51.0
44 Union	55	73	51	60	48.2	65.1	46.1	52.6
APPALACHIA III	538	509	479	509	54.5	51.9	49.1	51.6
01 Abbeville	38	48	33	40	43.1	60.0	41.7	45.4
19 Edgefield	29	25	25	26	41.7	36.2	36.5	37.4
24 Greenwood	133	137	138	136	63.4	65.4	66.2	64.8
30 Laurens	111	98	101	103	57.0	50.9	53.0	52.8
35 McCormick	17	19	12	16	49.9	56.4	36.1	46.9
41 Saluda	28	35	43	35	44.2	55.6	68.8	55.2
UPPER SAVANNAH	356	362	352	356	54.5	55.9	54.8	54.5
12 Chester	71	49	62	61	59.6	41.8	53.6	51.2
29 Lancaster	88	66	75	76	43.1	32.3	36.6	37.2
46 York	158	143	175	159	39.7	35.8	43.7	39.9
CATAWBA	317	258	312	296	43.9	35.8	43.3	41.0
20 Fairfield	49	50	50	50	53.7	55.5	56.2	54.8
40 Richland	496	469	461	475	55.4	50.7	50.3	53.1
EAST MIDLANDS	545	519	511	525	55.3	51.1	50.8	53.2
05 Bamberg	43	43	49	45	57.9	58.1	66.5	60.6
09 Calhoun	31	24	27	27	58.8	45.7	51.7	51.2
38 Orangeburg	232	191	171	198	66.8	55.0	49.4	57.0
LOWER SAVANNAH II	306	258	247	270	64.5	54.5	52.3	56.9
14 Clarendon	57	57	66	60	46.0	46.6	54.6	48.5
28 Kershaw	66	75	60	67	39.6	45.3	36.5	40.2
31 Lee	37	33	26	32	40.2	36.2	28.9	34.7
43 Sumter	210	168	167	182	58.2	47.0	47.1	50.4
WATEREE	370	333	319	341	49.8	45.2	43.7	45.9
17 Dillon	62	75	52	63	43.7	53.4	37.4	44.4
21 Florence	209	158	161	176	47.4	35.8	36.5	39.9
33 Marion	77	84	77	79	55.0	60.4	55.8	56.5
PEE DEE I	348	317	290	318	48.2	44.0	40.4	44.0
22 Georgetown	81	85	82	83	46.8	48.8	46.8	48.0
26 Horry	198	175	161	178	53.8	46.5	42.0	48.4
45 Williamsburg	84	53	71	69	50.2	31.9	43.0	41.2
WACCAMAW	363	313	314	330	51.3	43.7	43.4	46.6
08 Berkeley	184	155	145	161	48.8	39.8	36.2	42.7
10 Charleston	594	592	588	591	59.5	59.8	59.9	59.2
18 Dorchester	109	114	115	113	42.4	43.1	42.6	43.9
TRIDENT	887	861	848	365	54.4	52.4	51.3	53.0
07 Beaufort	83	82	83	83	40.8	39.9	40.2	40.8
15 Colleton	70	59	59	63	50.3	42.5	42.8	45.3
25 Hampton	41	44	36	40	55.1	59.4	48.8	53.8
27 Jasper	42	27	19	29	64.6	41.3	29.0	44.6
LOW COUNTRY	236	212	197	215	49.0	43.8	40.8	44.6
02 Aiken	156	129	149	145	39.4	32.7	38.0	36.6
03 Allendale	39	37	25	34	93.5	89.6	61.1	81.5
06 Barnwell	41	43	35	40	52.6	55.3	45.2	51.3
LOWER SAVANNAH I	236	209	209	219	45.8	40.7	40.9	42.5
13 Chesterfield	65	56	50	57	42.3	36.7	33.0	37.1
16 Darlington	104	107	102	104	41.4	42.8	41.0	41.4
34 Marlboro	91	81	60	77	65.0	58.1	43.2	55.0
PEE DEE II	260	244	212	238	47.8	45.0	39.3	43.7
32 Lexington	216	237	204	219	41.3	44.2	37.3	41.9
36 Newberry	63	59	61	61	62.1	58.8	61.5	60.1
WEST MIDLANDS	279	296	265	280	44.7	46.5	41.0	44.8
STATE	6,078	5,642	5,398	5,705	51.9	48.0	46.0	48.7

Rate per 1,000 Female Population Aged 14-17 Years Old (1980 Census).
Pregnancies = Live Births + Fetal Deaths + Induced Abortions. Should be considered an estimate, since Fetal Deaths are underreported and Induced Abortions do not include those performed out-of-state.

ESTIMATED PREGNANCY RATE, 14-17 YEARS OLD
THREE-YEAR AVERAGE, 1980-1982
RANKED BY COUNTY AND HEALTH DISTRICT

RANK	COUNTY	RATE	NUMBER
1.	Allendale	81.5	34
2.	Greenwood	64.8	176
3.	Bamberg	60.6	45
4.	Newberry	60.1	61
5.	Charleston	59.2	591
6.	Orangeburg	57.0	198
7.	Marion	56.5	79
8.	Saluda	55.2	35
9.	Marlboro	55.0	77
10.	Fairfield	54.8	50
11.	Hampton	53.8	40
12.	Cherokee	53.5	82
13.	Anderson	53.4	249
14.	Richland	53.1	475
15.	Laurens	52.8	103
16.	Union	52.6	60
17.	Barnwell	51.3	40
18.	Chester	51.2	61
18.	Calhoun	51.2	27
20.	Spartanburg	51.0	367
21.	Greenville	50.7	518
22.	Sumter	50.4	182
23.	Clarendon	48.5	60
24.	Horry	48.4	178
25.	Georgetown	48.0	83
26.	McCormick	46.9	16
27.	Abbeville	45.4	40
28.	Colleton	45.3	63
29.	Jasper	44.6	29
30.	Dillon	44.4	63
31.	Pickens	44.1	113
32.	Dorchester	43.9	113
33.	Berkeley	42.7	161
34.	Lexington	41.9	219
35.	Darlington	41.4	104
36.	Williamsburg	41.2	69
37.	Beaufort	40.8	83
38.	Kershaw	40.2	67
39.	Florence	39.9	176
39.	York	39.9	159
41.	Oconee	38.5	63
42.	Edgefield	37.4	26
43.	Lancaster	37.2	76
44.	Chesterfield	37.1	57
45.	Aiken	36.6	145
46.	Lee	34.7	32
	STATE	48.7	5,705

RANK	DISTRICT	EST. PREG. RATE	NUMBER
1.	Lower Savannah II	56.9	270
2.	Upper Savannah	54.5	356
3.	East Midlands	53.2	525
4.	Trident	53.0	365
5.	Appalachia III	51.6	509
6.	Appalachia I	49.5	312
7.	Appalachia II	49.4	631
8.	Waccamaw	46.6	330
9.	Wateree	45.9	341
10.	West Midlands	44.8	280
11.	Low Country	44.6	215
12.	Pee Dee I	44.0	318
13.	Pee Dee II	43.7	238
14.	Lower Savannah I	42.5	219
15.	Catawba	41.0	296
	STATE	48.8	5,705

Rate per 1,000 Female Population Aged 14-17 Years Old (1980 Census).
Pregnancies = Live Births + Fetal Deaths + Induced Abortion. Should be considered an estimate, since Fetal Deaths are underreported and Induced Abortions do not include those performed out-of-state.

OUT-OF-WEDLOCK LIVE BIRTHS, 14-17 YEARS OLD, 1980-1982
SOUTH CAROLINA, EACH COUNTY AND HEALTH DISTRICT
(RESIDENCE DATA)

	NUMBER				PERCENTAGE			
COUNTY/DISTRICT	1980	1981	1982	3-YEAR AVERAGE	1980	1981	1982	3-YEAR AVERAGE
04 Anderson	91	91	85	89	49.5	47.6	55.6	50.6
37 Oconee	16	22	13	17	33.3	41.5	36.1	37.0
APPALACHIA I	107	113	98	106	46.1	46.3	51.9	47.7
23 Greenville	204	184	190	193	60.5	59.7	63.3	61.3
39 Pickens	31	20	24	25	35.6	35.1	40.7	36.8
APPALACHIA II	235	204	214	218	55.4	55.9	59.6	56.9
11 Cherokee	37	46	41	41	48.1	64.8	56.2	55.4
42 Spartanburg	170	153	150	158	62.3	59.1	63.3	61.7
44 Union	20	36	21	26	55.6	65.5	60.0	61.9
APPALACHIA III	227	235	212	225	58.8	61.0	61.5	60.5
01 Abbeville	13	24	16	18	56.5	70.6	61.5	64.3
19 Edgefield	20	16	19	18	83.3	69.6	82.6	78.3
24 Greenwood	46	58	54	53	57.5	73.4	63.9	65.4
30 Laurens	45	41	54	47	62.5	65.1	78.3	69.1
35 McCormick	14	14	12	13	93.3	87.5	100.0	92.9
41 Saluda	15	16	27	19	83.3	59.3	20.0	70.4
UPPER SAVANNAH	153	169	182	168	66.0	69.8	73.4	69.7
12 Chester	48	31	34	38	73.9	68.9	66.7	70.4
29 Lancaster	54	43	35	44	63.5	65.2	53.0	61.1
46 York	105	93	87	95	69.5	68.9	34.9	68.8
CATAWBA	207	165	156	177	68.8	67.1	63.4	67.0
20 Fairfield	23	20	25	23	76.7	76.9	69.4	74.2
40 Richland	211	205	203	206	80.5	77.4	80.2	79.2
EAST MIDLANDS	234	225	228	229	80.1	77.3	78.9	78.7
05 Bamberg	21	25	25	24	77.8	75.8	69.4	75.0
09 Calhoun	19	15	14	16	73.1	93.8	77.8	80.0
38 Orangeburg	135	125	120	127	79.4	84.5	84.5	83.0
LOWER SAVANNAH II	175	165	159	167	78.5	83.8	81.1	81.5
14 Clarendon	40	32	36	36	81.6	72.7	76.6	76.6
28 Kershaw	31	37	28	32	73.8	86.1	70.0	76.2
31 Lee	25	23	14	21	78.1	88.5	82.3	84.0
43 Sumter	106	84	85	92	73.1	73.7	71.4	73.0
WATEREE	202	176	163	181	75.4	77.5	73.1	75.4
17 Dillon	44	47	42	44	77.2	73.4	84.0	77.2
21 Florence	130	106	110	115	73.9	77.4	80.9	76.7
33 Marion	54	65	49	56	83.1	86.7	76.6	82.4
PEE DEE I	228	218	201	215	76.5	79.0	80.4	78.2
22 Georgetown	42	42	38	41	79.2	72.4	63.3	71.9
26 Horry	93	83	77	84	64.6	71.6	68.1	67.7
45 Williamsburg	55	36	45	45	82.1	87.8	79.0	81.8
WACCAMAW	190	161	160	170	72.0	74.9	69.6	72.0
08 Berkeley	62	55	46	54	55.9	56.7	55.4	55.7
10 Charleston	290	275	263	276	77.3	76.6	76.0	76.7
18 Dorchester	37	33	32	34	61.7	52.4	55.2	56.7
TRIDENT	389	363	341	364	71.3	69.9	70.0	70.4
07 Beaufort	53	45	60	53	76.8	71.4	82.2	77.9
15 Colleton	43	35	32	37	75.4	77.8	76.2	77.1
25 Hampton	24	21	21	22	72.7	63.6	72.4	68.8
27 Jasper	30	20	11	20	76.9	76.9	73.3	74.1
LOW COUNTRY	150	121	124	132	75.8	72.5	78.0	75.4
02 Aiken	69	52	88	70	54.8	50.0	62.9	56.9
03 Allendale	27	32	16	25	90.0	94.1	72.7	86.2
06 Barnwell	25	19	16	20	78.1	67.9	57.1	69.0
LOWER SAVANNAH I	121	103	120	115	64.4	62.1	63.2	63.5
13 Chesterfield	35	25	23	28	58.3	52.1	52.3	54.9
16 Darlington	67	70	64	67	69.8	76.1	76.2	73.6
34 Marlboro	64	54	38	52	79.0	78.3	79.2	78.8
PEE DEE II	166	149	125	147	70.0	71.3	71.0	70.7
32 Lexington	40	65	79	61	38.8	57.0	69.3	55.5
36 Newberry	32	22	36	30	80.0	71.0	83.7	78.9
WEST MIDLANDS	72	87	115	91	50.4	60.0	73.3	61.5
STATE	2,856	2,656	2,598	2,705	67.5	68.2	69.4	68.3

Percentage equals Out-of-Wedlock Live Births/Total Live Births X 100.

PERCENT OUT-OF-WEDLOCK LIVE BIRTHS, 14-17 YEAR OLDS
THREE-YEAR AVERAGE, 1980-1982
RANKED BY COUNTY AND HEALTH DISTRICT

RANK	COUNTY	PER-CENT	NUMBER
1.	McCormick	92.9	13
2.	Allendale	86.2	25
3.	Lee	84.0	21
4.	Orangeburg	83.0	127
5.	Marion	82.4	56
6.	Williamsburg	81.8	45
7.	Calhoun	80.0	16
8.	Richland	79.2	206
9.	Newberry	78.9	30
10.	Marlboro	78.8	52
11.	Edgefield	78.3	18
12.	Beaufort	77.9	53
13.	Dillon	77.2	44
14.	Colleton	77.1	37
15.	Charleston	76.7	276
16.	Florence	76.7	115
17.	Clarendon	76.6	36
18.	Kershaw	76.2	32
19.	Bamberg	75.0	24
20.	Fairfield	74.2	23
21.	Jasper	74.1	20
22.	Darlington	73.6	67
23.	Sumter	73.0	92
24.	Georgetown	71.9	41
25.	Saluda	70.4	19
25.	Chester	70.4	38
27.	Laurens	69.1	47
28.	Barnwell	69.0	20
29.	York	68.8	95
29.	Hampton	68.8	22
31.	Horry	67.7	84
32.	Greenwood	65.4	53
33.	Abbeville	64.3	18
34.	Union	61.9	26
35.	Spartanburg	61.7	158
36.	Greenville	61.3	193
37.	Lancaster	61.1	44
38.	Aiken	56.9	70
39.	Dorchester	56.7	34
40.	Berkeley	55.7	54
41.	Lexington	55.5	61
42.	Cherokee	55.4	41
43.	Chesterfield	54.9	28
44.	Anderson	50.6	89
45.	Oconee	37.0	17
46.	Pickens	36.8	25
	STATE	68.3	2,705

RANK	DISTRICT	PER-CENT	NUMBER
1.	Lower Savannah II	81.5	167
2.	East Midlands	78.7	229
3.	Pee Dee I	78.2	215
4.	Low Country	75.4	132
4.	Wateree	75.4	181
6.	Waccamaw	72.0	170
7.	Pee Dee II	70.7	147
8.	Trident	70.4	364
9.	Upper Savannah	69.7	168
10.	Catawba	67.0	177
11.	Lower Savannah I	63.5	115
12.	West Midlands	61.5	91
13.	Appalachia III	60.5	225
14.	Appalachia II	56.9	218
15.	Appalachia I	47.7	106
	STATE	68.3	2,705

Percentage equals Out-of-Wedlock Live Births/Total Live Births X 100.

INDUCED ABORTIONS AND ABORTION RATIO, 14-17 YEARS OLD, 1980-1982
SOUTH CAROLINA, EACH COUNTY AND HEALTH DISTRICT
(RESIDENCE DATA)

	NUMBER				RATIO			
COUNTY/DISTRICT	1980	1981	1982	3-YEAR AVERAGE	1980	1981	1982	3-YEAR AVERAGE
04 Anderson	80	69	61	70	434.8	476.4	398.7	397.7
37 Oconee	12	23	16	17	250.0	434.0	444.4	369.6
APPALACHIA I	92	92	77	87	396.6	377.0	407.4	391.9
23 Greenville	226	202	170	199	670.6	655.8	566.7	631.7
39 Pickens	52	42	40	45	597.7	736.8	678.0	661.8
APPALACHIA II	278	244	210	244	655.7	668.5	585.0	637.1
11 Cherokee	9	4	7	7	116.9	56.3	95.9	94.6
42 Spartanburg	120	98	109	109	439.6	378.4	459.9	425.8
44 Union	19	18	15	17	527.8	327.3	428.6	404.8
APPALACHIA III	148	120	131	133	383.4	311.7	379.7	357.5
01 Abbevilee	14	13	7	11	608.7	382.4	269.2	392.9
19 Edgefield	4	2	2	3	166.7	87.0	87.0	130.4
24 Greenwood	52	55	53	53	650.0	696.2	638.6	654.3
30 Laurens	39	33	31	34	541.7	523.8	449.3	500.0
35 McCormick	1	3	--	1	66.7	187.5	--	71.4
41 Saluda	10	8	7	8	555.6	296.3	200.0	296.3
UPPER SAVANNAH	120	114	100	110	517.2	471.1	403.2	456.4
12 Chester	6	2	10	6	92.3	44.4	196.1	111.1
29 Lancaster	2	--	8	3	23.5	--	121.2	41.7
46 York	7	7	45	20	46.4	51.8	348.8	144.9
CATAWBA	15	9	63	29	49.8	36.6	256.1	109.8
20 Fairfield	17	23	14	18	566.7	884.6	388.9	580.6
40 Richland	226	202	206	211	862.6	762.3	814.2	811.5
EAST MIDLANDS	243	225	220	229	832.2	773.2	761.2	786.9
05 Bamberg	16	9	13	13	592.6	272.7	361.1	406.2
09 Calhoun	5	8	9	7	192.3	500.0	500.0	350.0
38 Orangeburg	59	40	27	42	347.1	270.3	190.1	274.5
LOWER SAVANNAH II	80	57	49	62	358.7	289.3	250.0	302.4
14 Clarendon	7	13	19	13	142.9	295.4	404.2	276.6
28 Kershaw	23	30	18	24	547.6	697.7	450.0	571.4
31 Lee	3	6	9	6	93.8	230.8	529.4	240.0
43 Sumter	61	52	47	53	420.7	456.1	395.0	420.6
WATEREE	94	101	93	96	350.7	444.9	417.0	400.0
17 Dillon	5	9	1	5	87.7	140.6	20.0	87.7
21 Florence	30	18	22	23	170.5	131.4	161.8	153.3
33 Marion	11	8	11	10	169.2	106.7	171.9	147.1
PEE DEE I	46	35	34	38	154.4	126.8	136.0	138.2
22 Georgetown	26	27	20	24	490.6	465.5	333.3	421.1
26 Horry	53	57	43	51	368.1	491.4	380.5	411.3
45 Williamsburg	13	10	13	12	194.0	243.9	228.1	218.2
WACCAMAW	92	94	76	87	348.5	437.2	330.4	368.6
08 Berkeley	73	58	59	63	657.7	597.9	719.8	649.5
10 Charleston	214	224	235	224	570.7	624.0	679.2	622.2
18 Dorchester	48	50	55	51	800.0	793.6	948.3	850.0
TRIDENT	335	332	349	338	613.6	639.7	716.6	653.8
07 Beaufort	13	19	9	14	188.4	301.6	123.3	205.9
15 Colleton	13	13	16	14	228.1	288.9	381.0	291.7
25 Hampton	6	11	7	8	181.8	333.3	241.4	250.0
27 Jasper	2	1	3	2	51.3	38.5	200.0	74.1
LOW COUNTRY	34	44	35	38	171.7	263.5	220.1	217.1
02 Aiken	30	21	9	20	238.1	201.9	64.3	162.6
03 Allendale	9	3	3	5	300.0	83.2	136.4	172.4
06 Barnwell	9	11	7	9	281.2	392.8	250.0	310.3
LOWER SAVANNAH I	48	35	19	34	255.3	210.8	100.0	187.8
13 Chesterfield	5	7	3	5	83.3	145.8	68.2	98.0
16 Darlington	6	14	18	13	62.5	152.2	214.3	142.9
34 Marlboro	7	10	10	9	86.4	144.9	208.3	136.4
Pee Dee II	18	31	31	27	75.9	148.3	176.1	129.8
32 Lexington	111	120	89	107	1077.7	1153.8	780.7	972.7
36 Newberry	23	28	17	23	575.0	903.2	395.3	605.3
WEST MIDLANDS	134	148	106	130	937.1	1020.7	675.2	878.4
STATE	1,777	1,681	1,593	1,682	419.9	431.7	425.5	425.0

Ratio per 1,000 Live Births, Age 14-17 Years includes only those induced abortions performed in South Carolina.

INDUCED ABORTIONS AND ABORTION RATIO, 14-17 YEARS OLD
THREE-YEAR AVERAGE, 1980-1982
RANKED BY COUNTY AND HEALTH DISTRICT

RANK	COUNTY	RATIO	NUMBER
1.	Lexington	972.7	107
2.	Dorchester	850.0	51
3.	Richland	811.5	211
4.	Pickens	661.8	45
5.	Greenwood	654.3	53
6.	Berkeley	649.5	63
7.	Greenville	631.7	199
8.	Charleston	622.2	224
9.	Newberry	605.3	23
10.	Fairfield	580.6	18
11.	Kershaw	571.4	24
12.	Laurens	500.0	34
13.	Spartanburg	425.8	109
14.	Georgetown	421.1	24
15.	Sumter	420.6	53
16.	Horry	411.3	51
17.	Bamberg	406.2	13
18.	Union	404.8	17
19.	Anderson	397.7	70
20.	Abbeville	392.9	11
21.	Oconee	369.6	17
22.	Calhoun	350.0	7
23.	Barnwell	310.3	9
24.	Saluda	296.3	8
25.	Colleton	291.7	14
26.	Clarendon	276.6	13
27.	Orangeburg	274.5	42
28.	Hampton	250.0	8
29.	Lee	240.0	6
30.	Williamsburg	218.2	12
31.	Beaufort	205.9	14
32.	Allendale	172.4	5
33.	Aiken	162.6	20
34.	Florence	153.3	23
35.	Marion	147.1	10
36.	York	144.9	20
37.	Darlington	142.9	13
38.	Marlboro	136.4	9
39.	Edgefield	130.4	3
40.	Chester	111.1	6
41.	Chesterfield	98.0	5
42.	Cherokee	94.6	7
43.	Dillon	87.7	5
44.	Jasper	74.1	8
45.	McCormick	71.4	1
46.	Lancaster	41.7	3
	STATE	425.0	1,682

RANK	DISTRICT	RATIO	NUMBER
1.	West Midlands	878.4	130
2.	East Midlands	786.9	229
3.	Trident	653.8	338
4.	Appalachia II	637.1	244
5.	Upper Savannah	456.4	110
6.	Wateree	409.0	96
7.	Appalachia I	391.9	87
8.	Waccamaw	368.6	87
9.	Appalachia III	357.5	133
10.	Lower Savannah II	302.4	62
11.	Low Country	217.1	38
12.	Lower Savannah I	187.8	34
13.	Pee Dee I	138.2	38
14.	Pee Dee II	129.8	27
15.	Catawba	109.8	29
	STATE	425.0	1,682

Ratio per 1,000 Live Births includes only those induced abortions performed in South Carolina.

TEENAGE PREGNANCY: CAUSES AND CONSEQUENCES

Introduction:

This chapter reviews the literature and examines the characteristics of teenagers who become pregnant and why. Social and medical implications of pregnancy for the teen and her baby are summarized. A more indepth analysis of the economic consequences to the teen and society is presented in the chapter on "Public Sector Costs."

Factors examined in this chapter include:

-Characteristics and predictors of sexually active teens and teen use of contraceptives;

-Medical consequences of teen pregnancies;

-Social consequences of teen pregnancies.

Characteristics of the Sexually Active Teen:

Age, race, and sex remain strong predictors of premarital sexual activity. Although females, whites and younger teens have reported increased sexual experience, teen males remain more likely to have had sex at a younger age.[1,2] Black teens, particularly females, are more likely to have had premarital sex than white teenagers.[2] But Table 1 (page 21) shows that the average age at first intercourse leveled off among both black and white respondents between 1976 and 1979 after declining between 1971 and 1976. On the average, whites are more likely to initiate sexual activity nearly one year later than blacks.

TABLE 1

AVERAGE AGE AT FIRST INTERCOURSE

	1979	1976	1971
Total	16.2	16.1	16.4
White	16.4	16.3	16.6
Black	15.5	15.6	15.9

SOURCE: Zelnick, M. and Kantner, J.F., "Sexual Activity, Contraceptive use and pregnancy among Metropolitan-area teenagers: 1971-1979", Family Planning Perspectives, 12 (5): 230-237, September/October 1980.

Jessor and Jessor[3] report a pattern of psychosocial characteristics associated with early initiation of sexual activity. Non-virgins were generally found to hold fewer conventional values, to experience less parental control and to participate in a peer environment that provides opportunities for sexual activity (as well as drug and alcohol use). Church attendance and the reported importance of religion is an influencing factor. Studies have shown that females who rate high on this scale are less likely to have had premarital sexual intercourse.[4,5,6] Young women with higher educational expectations are also less likely to initiate sex at an early age[4] as are young women with intact families.[4,7,8] Blacks living in a central city or in the South have been found more likely to have premarital sex.[5] Black youth raised by parents or parent substitutes with relatively little education are also more likely to initiate sex at an early age.[7]

In 1975, a survey of sexual activity and contraception was conducted among a sample of 16, 17, and 18 year olds from three

U.S. cities.[9] They found that many teenagers have sexual intercourse because they lack the communications skills to say "no", because they want to please their partners, and because sex is expected. Female non-virgins were found to hold permissive attitudes toward premarital sex.

Even more important are the factors that differentiate the young female who is successful in preventing pregnancy from the young female who fails given similar access to contraception. Less effective communicators are likely to be less effective contraceptors.[10] The implications are that unplanned pregnancies occur where there is general inability to create or maintain satisfying interpersonal relationships; intercourse becomes a compensatory strategy for maintaining closeness. Deficiencies in communication skills make it more difficult for the young woman to clearly and responsibly discuss the issue of contraception.

Rains[11] states one major reason for females not using contraceptives is that they do not fully accept intercourse as correct and thus cannot rationally prepare for it. Cobliner[12] echoes Rains in stating that some adolescents view contraception as an act desecrating the notion of "pure love". He also theorizes that younger teens may be cognitively unable to comprehend the abstract concepts of risk and consequences of an action. It is well documented that the lack of knowledge[13] among teen females about the menstrual cycle and lack of understanding about contraceptive methods and their proper use makes unwanted pregnancies a certainty in this age group. Zelnick and Kantner[14] examined the reasons 700 adolescents gave for not using contraception at the time of their last intercourse. The most

common explanation given by 23% was that they had not expected to have intercourse.

Childbearing is viewed by some young women as a source of self-esteem[15] and many adolescent females see few options, other than motherhood, open to them.[16, 17] It is also known that the younger the adolescent, the less likely she is to take precautions.[18]

Medical Consequences of Teen Pregnancies:

Although the average American girl reaches gynecological maturity by age 15, and thus is assumedly biologically able to conceive, the incidence of medical complications for teens is high. Other social and economic circumstances influence the pregnancy outcome experience for the teen.

Teen mothers and their babies face high medical risks. While mortality rates have been relatively low in modern America, they are highest for young adolescents.[19] Mothers under age 15 experience a rate of maternal deaths two and one-half times that of mothers age 20-24.[20] Teen mothers also tend to have higher rates of non-fatal maternal complications than older mothers. The younger the mother, the higher the risk for complications of pregnancy such as toxemia, anemia, prolonged labor, and premature labor.[19,21] Teenage mothers are 15 times more likely to suffer from toxemia; 92 percent more likely to have anemia; and 23 percent more likely to experience a premature birth, with accompanying complications, than mothers in their early twenties.[20] Poor and black teenagers suffer proportionately more of these health difficulties.

These higher incidences of complications are not a function of age and are not unsurmountable. For example, Mednick's study of 9125 births in an urban Danish hospital found that babies born to younger mothers had lower rates of stillbirth and neonatal mortality than those born to older mothers.[44] Baldwin pointed out these young women were drawn into a system of excellent prenatal care and while apparently at high risk during pregnancy, had outcomes superior to those of older women.[40] Even at one year of age the children of adolescents did not fare worse than children of mothers in their 20s but this relationship was influenced by the family structure. Babies of young single mothers raising the child alone were worse off in terms of physical health than those babies raised by the teenage mother and father or the teen mother and grandmother. Similar results have been found among American women when high-quality prenatal care was provided.[22]

Although studies such as these demonstrate that comprehensive prenatal care programs for pregnant teens can neutralize the effects of socioeconomic status, it is also well documented that most teens receive inadequate prenatal care or none at all. In fact, about 65 percent of the girls did not see a physician until the last trimester of their pregnancies and an additional 25 percent received no prenatal care whatsoever.[23,24] In South Carolina, data were reviewed for females less than 18 who gave birth and the amount of prenatal care received during the pregnancy for years 1979, 1980, and 1981.[25] Five or fewer visits for prenatal care is considered inadequate care. It was found that in some counties almost 80 percent of teens less than 18 who

gave birth in 1979, 1980, and 1981 received inadequate prenatal care. In addition, clear evidence exists that pregnant teens often have inadequate diets.[24] Recognizing that nutrition habits begin early in life, it is virtually impossible to correct these habits late in the pregnancy and provide the care necessary for an improved pregnancy outcome. Sound nutritional practices must begin before conception.

This recommendation was pointed out by Dr. McGanity[26] at a Perinatal Seminar on maternal nutrition for physicians and public and private health professionals in Myrtle Beach on November 1982. Increased emphasis on maternal nutrition must be placed during the time a woman is controlling her fertility, particularly the high risk woman, such as the teenager.

Babies of teenage mothers also face severe health risks beginning before birth. Teenage pregnancies end more frequently in miscarriages and stillbirths than pregnancies of older women,[19] especially for second or higher order pregnancies. Babies born to teenagers are more likely to be preterm, to have low birth weights.[20, 21, 27, 19, 28, 29] and to die within the first month and first year of life.[19] Low birth weight (less than five and one-half pounds) is associated with medical conditions such as mental retardation, cerebral palsy, epilepsy, and other birth injuries and neurological defects.[20, 30, 29] All of these conditions can require lengthy and expensive medical support though, again, it appears in many cases these conditions can be prevented if teenage mothers obtain high-quality prenatal care and good nutrition beginning early in their pregnancy.[31]

The Social Consequences:

The overall teenage birth rate is declining in South Carolina and throughout the United States. Yet, there exists more concern than ever about teenage pregnancy. Is teenage pregnancy really then an "epidemic"?

Until 1970, little was written about the consequences of teen pregnancy. Until the mid-1970`s no separate category existed in the "Reader`s Guide to Periodical Literature" to identify articles on adolescent childbearing, but there was a heading for teenage marriage. In 1973, the category "pregnant schoolgirls" appeared and in 1977 the topic was changed to "teenage pregnancy". So, researchers have been helpful in providing the public with the information necessary to understand adolescent pregnancy and its consequences for adolescent parents, their offspring, their families and society.

According to 1980 South Carolina vital statistics, slightly more than two-thirds of births to teenagers 14-17 were out-of-wedlock. This statistic is part of a trend in South Carolina and nationally that has contributed to the increased attention to adolescent childbearing. While birth rates to teens have declined, out-of-wedlock childbearing has increased. This increase is not the result of more out-of-wedlock conceptions, but occurred because fewer out-of-wedlock conceptions resulted in marriage. In the period 1960-64, nationally 65% of out-of-wedlock conceptions resulted in marriage. In 1970-74, only 35 percent were resolved in marriage.[32] And these out-of-wedlock births are more likely to occur to teens 14-17 than to teens 18-19. In the

past, teens married more often to resolve an out-of-wedlock conception which kept it from public attention. In 1978, 66 percent of births to teens 15-19 were to unmarried teens and 44 percent to those who were married.[20]

Researchers have repeatedly found those marriages entered during the teen years to be highly unstable.[39, 35, 40, 41] Forty-four percent of women who give birth between ages 14-17 are separated or divorced within 15 years. Women aged 35 to 52 who had their first child while 15 or younger had three more children on the average than women whose first birth was delayed to age 24.[36] Controlling for race, religion, education, and other fertility determinants, Card and Wise[37] report that by age 29, women whose first birth occurred at age 18 or younger average 3.1 children, compared to a matched sample of women who began childbearing between ages 20 and 24 who have an average 2.2 children by age 29. Trussel and Menhen[38] concur that younger ages at first birth are strongly associated with higher levels of completed fertility, closer spacing of births, more out-of-wedlock births, and higher proportion of unwanted children.

Current research is showing that young women today are more likely to remain single and keep their babies than in the past.[32] The number of children adopted paralleled the number of out-of-wedlock births from 1957-1970. This changed in 1970 with the number of out-of-wedlock births continuing to increase while adoptions fell off.

Issues surrounding the children of teenage mothers and their impact in society are receiving increased attention. More

specifically, if a teen mother`s level of education attainment terminates prematurely resulting in poor occupational outlook with limited economic resources, how will this affect her offspring? One long term study has found that the daughters of teenage mothers are at a relatively high risk of becoming teenage mothers themselves.[39] Baldwin[40] raises the question "do the large numbers of births to adolescents in recent years mean future waves of early childbearing?" No one knows for sure.

Children born to teenage mothers score lower on IQ tests than children born to women in other age groups. Baldwin[31] reported that the socioeconomic status of the mother was closely linked to her child`s cognitive test scores. Mothers who worked outside the home or continued their education were more economically advantaged as compared to young mothers who were not employed. Children of working mothers scored higher than the children of mothers who were not employed.

Recognizing that children of teen mothers have lower IQ scores, researchers have investigated the effect on school performance. One study found that children of financially disadvantaged teenage mothers performed poorly in school compared to those more economically secure teenage mothers.[41] Kellam[42,43] found that children born to women under 17 were less likely to adapt to school than children born to older mothers. Follow-up studies looked at whether the presence of another adult improved these outcomes. Mednick and Furstenburg[44] found that having a father or grandmother in the household did improve the cognitive, social and emotional development of the children.

Clearly there is little if any advantage either to the teen or to South Carolina society to initiate parenthood during the early teen years. But the costs to society and to the state may be rather more than anticipated as will be detailed in the next chapter.

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PUBLIC SECTOR COSTS OF TEENAGE PREGNANCY AND CHILDBIRTH IN SOUTH CAROLINA

INTRODUCTION:

Teenage pregnancy is a serious social, medical, and economic problem. A higher proportion of teens in the U.S. become mothers than in any other developed country except Poland.[1]

Early childbearing is associated with many problems for young parents and their families including, for some, a lifetime of poverty or welfare dependency and the likelihood that the next generation also will become adolescent parents.[2] These issues are gaining increased public awareness along with their cost, both personal and societal. Although the personal consequences of this problem are devastating, this chapter focuses on the financial consequences of adolescent pregnancy in South Carolina, particularly the public sector cost.

Economic Consequences:

Associations between early motherhood and socio-economic status have been noted for some years. A substantial body of research has accumulated indicating that teenage parenthood leads to significantly less social and economic attainment for the mother and her family. Although individual differences such as family background and race influence the attainment of women and their families, early childbearing appears to have an independent negative effect, over and above the impact of social, demographic, and family factors.[3]

An early first birth is associated with significantly higher completed family size[4] and it is the number on reason for high

school drop out. Since early childbearing affects schooling and family size, it has a direct impact on labor force participation and earnings. A larger completed family size has implications for public sector costs to the extent that women with larger families are less able to acquire job training and experience, less available for employment, and more likely to receive larger welfare payments. A larger family size is associated with less work experience, fewer work hours of employment in the previous year, lower earnings, lower income on the part of the other family members, and consequently a greater probability of poverty.[5]

The presence of young children can undermine achievement of self support because of the difficulties and/or expense associated with child care. Child care constraints that interfere with employment are most common among young mothers, blacks, unmarried m others and high school dropouts.[6] Female workers with little education and low income face difficulty in locating employment that pays well and offers the fringe benefits necessary to workers with children such as comprehensive health coverage. Since welfare benefits increase with each child, some women find it impossible to locate a job that provides significantly more income than public assistance, especially if they lack education or exper ce.[7] Unemployment among South Carolina teens in 1981 was 14.9% for whites and 35.5% for black teens.[8]

Welfare Dependency:

A woman who bears a child while in her teens is much more likely to be forced to support herself and her children on a low income or to become dependent on welfare assistance than the woman who postpones childbearing.[8] Researchers have found that teenage

mothers resort disproportionately to the welfare system for economic support.[9] Teen mothers are disproportionately represented among recipients of Aid to Families with Dependent Children (AFDC). AFDC recipients are automatically eligible for Medicaid. In South Carolina, 1979, 18.6% of the mothers receiving welfare were under 20 years of age, compared to 7.4% nationally. Of the 35 states reporting their welfare statistics, South Carolina has the highest percentage of teens receiving welfare.[10]

The results of a study estimating the cost of teenage childbearing to the government through the welfare program, AFDC, found that women in AFDC families are substantially more likely to have been teen mothers. At any current age, early childbearers were found to be consistently more likely to need AFDC support than women of the same age who postponed childbearing.[11] Nationally, according to a 1975 AFDC survey,[12] fifty-six percent of the mothers receiving AFDC were teenagers when their first child was born.[13]

AFDC is only one type of welfare benefit. Eligible families may also collect food stamps, day care, school lunch, housing subsidy and legal subsidies. Day care is available to the mother who works and leaves her child in a preschool center. The school lunch program provides funds for breakfast and lunch during the school year for eligible families.

Since AFDC recipients are automatically eligible for Medicaid, teenage childbearing is also associated with Medicaid expenditures.[14] Medicaid benefits are the normal medical assistance available to the mother and child while receiving AFDC.

WIC benefits (Women, Infants, and Children supplemental nutrition program) are available to pregnant women, infants, and children who are at nutritional risk and are also considered a medical cost.

Public Sector Cost Projection:

These welfare and medical benefits are the major public sector costs of teenage pregnancy and childbirth. Two studies have used these costs on which to base an estimation of the public cost of teen births. These costs were then projected over a ten to twenty year period on the basis that most teen mothers remain on welfare for a generation. This same methodology was used to estimate a conservative projection of the public costs generated by first live births to teens in South Carolina in 1981.

The first live birth was examined because the first birth to a teenage girl is the prime cause lying behind a series of events. Having the first birth is treated as making her more likely than the norm to have a large family, and it is primarily the first birth that leads to post-conception marriages, dropping out of school, and moving toward welfare dependency.15

The welfare benefits examined in this study are AFDC and Food Stamps. Medical benefits examined are maternity and pediatric costs associated with birth as well as first year well baby examinations. WIC benefits are also included. The benefits examined were limited by the availability of information.

Results:

In South Carolina in 1981, there were 7,448 first live births to teens under age 20. This number does not include births to teens having their second or third child. Of this number, it is

estimated that 2,458 or 1/3 of teens having a first live birth received public assistance.[16] Medical and welfare costs were calculated for those teens having first live births in 1981 and assumed to be receiving public assistance. The cost in public dollars, generated by these first live births and expended through the specified welfare programs, were then projected through 1990. Table 1 (page 40) shows that the total estimated medical costs for first live births to teens receiving Medicaid benefits were $5,920,510. Table 2 (page 41) shows that the total estimated welfare benefits were $7,226,520. Combining these costs, Table 3 (page 42) shows that the total cost, based on the benefits examined, generated from the publicly assisted teen first live births was $13,147,030. The public cost per teen is conservatively estimated to be $5,349.

The financial implications of these 2,458 births become apparent when the cost of those welfare benefits for ten years is projected. Table 4 (page 43) shows the first year cost in 1981 and then a projected benefit cost for AFDC and food stamps for the years 1982-1990. The total cost for the ten year period is $90,585,378 or $36,853 per teen live birth in 1981. These would be public dollars committed by current program regulations and eligibility criteria.

In addition, there will be approximately 2,500 more teen live births in 1983 that will generate an additional $90,000,000 in public costs by 1992.

A high proportion of young teenage mothers of one baby have a second and even third birth while still teenagers. In South Carolina in 1981, approximately 23.5% of live births to

teens 15-19 were the result of repeat pregnancies.[17] These higher-order births and costs associated with them are assumed to be consequences of the first birth. Also, many studies have shown that women who have a first child during their teen years have larger numbers of children than the norm and excess births above the norm may be considered a result of the first teenage birth.

Conclusion:

This is a very conservative estimate of the public cost of teen births as the costs associated with these additional births and larger completed family size are not included in this study nor are the administrative costs of the specified public assistance programs. The 20% of medical costs not covered by Medicaid which are usually shifted to insurance and private pay patients are also not represented in this analysis. In addition, there is a substantial number of indigent patients who do not qualify for Medicaid benefits or possess insurance. Therefore these patients will be self-pay patients, many of whom become bad debt patients. Due to the unavailability of information, medicaid benefits for the mother following the birth and the baby after the first year were not included, as well as information on welfare programs other than AFDC and Food Stamps.

TABLE 1

ESTIMATED COST OF MEDICAL BENEFITS FOR TEEN FIRST LIVE BIRTHS
1981

MEDICAL COSTS

Medicaid Maternity Benefits (1)	$4,492,800
Medicaid Newborn Benefits (2)	$ 78,343
Medicaid First Year Pediatric Benefits (2)	$ 351,000
WIC Program (1982 Data) (3)	$ 998,367
TOTAL	$5,920,510

SOURCE: South Carolina Hospital Discharge Data System, Calendar Years 1979, 1980, 1981.

The figure used for calculating the medicaid maternity benefits to teens having first live births was 2,808.

1. Maternity Benefits: The average Medicaid reimbursement for hospital delivery in South Carolina in 1981 was $1600 and does not reflect the higher incidence of caesarian section and other special factors associated with teen births. Medicaid pays 80% of the total cost which means the remaining 20% of the cost is shifted to private and insurance paying patients. This additional public cost is not included in this analysis. (Cost data was limited by the information available. $2,300 was determined to be the cost per teen delivery in 1979 study by Charlotte Memorial Hospital, Charlotte, NC).

2. Pediatric Benefits: Medicaid reimbursement for newborn in-hospital check-up was $27.90 and the recommended five well baby visits in the first year were reimbursed at a rate of $25 per visit.

3. WIC Benefits: A pregnant teen participated in the WIC program for an average of 11 months and received nutrition supplements amounting to $31.50 per month. For a baby born to a teenager, the average length of stay on the program was 10.5 months with nutrition supplements amounting to $35.08 per month. WIC benefits were calculated on an average of 1,109 babies born to teens under 20 years of age and 1,702 pregnant teens under 20 who participated in the program. (These figures are a 23.5% reduction of the total average number of teens and babies of teens on the program since approximately 23.5% of the teen births in 1981 were not first live births but higher order births.)

TABLE 2

ESTIMATED COST OF WELFARE BENEFITS
FOR FIRST LIVE BIRTHS TO TEENS
1981

WELFARE COSTS

AFDC (1982 Data)	$ 3,126,576
Food Stamps (1982 Data)	$ 4,099,944
TOTAL	$ 7,226,520

SOURCE: South Carolina Department of Social Services.

1. AFDC: Present payment for a mother and child at zero income is $106 per month.

2. Food Stamps: Present payments for a mother and child at zero income is $139 per month.

TABLE 3

ESTIMATED TOTAL COST OF MEDICAL AND WELFARE BENEFITS
FOR FIRST LIVE BIRTHS TO TEENS
1981

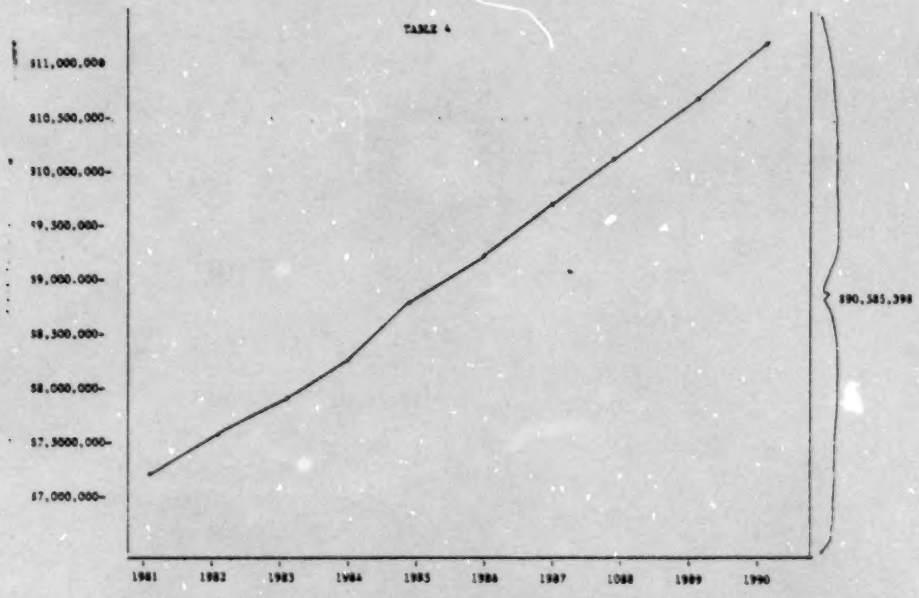
Medical Costs	$ 5,920,510
Welfare Costs	$ 7,226,520
TOTAL	$13,147,030

1. Medical Costs: Includes maternity, pediatric and WIC benefits.

2. Welfare Costs: Includes AFDC and Food Stamps.

TABLE 4
ESTIMATED COST PROJECTION FOR WELFARE BENEFITS FOR
FIRST LIVE BIRTHS TO TEENS IN 1981
1981 - 1990

1981	$ 7,226,520	1986	$ 9,186,784
1982	$ 7,580,036	1987	$ 9,641,990
1983	$ 7,951,807	1988	$10,120,953
1984	$ 8,342,321	1989	$10,624,965
1985	$ 8,754,114	1990	$11,155,388
	TOTAL	$90,585,378	



Many Medical costs were not included in the projection, and were limited to the first year when the primary birth occurred. These costs are concentrated in the first year and additional information was unavailable.

1. Cost projection: After consulting with an economist[18], it was decided for the purpose of this analysis, to project the future costs by using two-thirds of the inflation rate for the past ten years and compounding the present value payments by this amount for each of the ten future years. This rate was determined by the average percent change in the Consumer Price Index over the past ten years for food, the average percent change in AFDC payments for the same period, and by the recommendation of the economist who predicts that the inflation rate for the next ten years will not be as great as the past ten years.

FOOTNOTES

[1]Elizabeth A. McGee. Too Little, Too Late: Services for Teenage Parents, (New York: Ford Foundation, 1982).

[2]McGee, p. 5.

[3]Kristin A. Moore and Martha R. Burt, Private Crisis, Public Cost: Policy Perspectives on Teenage Childbearing, p. 19.

[4]Moore and Burt, p. 21.

[5]Moore and Burt, p. 22.

[6]Harriet B. Presser, "Working Women and Child Care," Paper presented at the Research Conference on Women: A Developmental Perspective, 1980.

[7]Frank F. Furstenberg, Jr. "The Social Consequences of Teenage Parenthood," Family Planning Perspectives, July/August, 1976, p. 151.

[8]Kristin A. Moore, "Teenage Childbirth and Welfare Dependency," Family Planning Perspectives, July/August, 1978, p. 233.

[9]Furstenberg, P. 162; Moore, p. 234.

[10]Molly M. Jones, Pamela G. Spurrier, "1979 Recipient Characteristics Study Income Maintenance Report," April 1980. South Carolina Department of Social Services.

[11]Moore, p. 234.

[12]Card, Josephina, and Lauress L. Wise, 1978 "Teenage Mothers and Teenage Fathers: The Impact of Early Childbearing on the parents` Personal and Professional Lives." Family Planning Perspectives, 10 (July/August): 199-205.

[13]Moore, Kristen A., Richard Werthernier, and Russell Holden. 1981. "Teenage Childbearing: Public Sector Costs" Third Six Month Report submitted to the Center for Population Research. National Institutes of Health.

[14]Moore and Burt, p. 24.

[15]SRI, 1981.

[16]SRI, 1981.

[17]The Division of Biostatistics, S.C.D.H.E.C., 1981 Data.

[18]Dr. Philip Jacobs; interview.

PROGRAMS AND SERVICES FOR TEENAGE PREGNANCY IN SOUTH CAROLINA

Introduction:

An effort was made to discover the range and distribution of teenage pregnancy programs and services in South Carolina to identify the type of services provided, determine whether service gaps existed and if high teenage pregnancy rate areas were being served appropriately.

The report from the Southern Growth Policies Board Task Force on Children, Teenage Pregnancy in the South (1980) cites four possible points of intervention for preventing or alleviating the problems associated with teenage pregnancy. These intervention points are:

1) Intervention prior to initiation of sexual activity;
2) Intervention prior to pregnancy;
3) Intervention during pregnancy;
4) Intervention following pregnancy.

These intervention points provide a framework for making policy decisions regarding strategies for dealing with teenage pregnancy problems and thus provide a suitable structure for examining the programs and services available to teens in South Carolina.

Intervention points 1 and 2 are considered to be primary prevention efforts when they consist of strategies targeted to the general youth population, particularly preteens, or groups influencing youth such as parents, teachers, peers, or media. Family life and sex education programs, education for responsible sexuality and efforts to delay the early initiation of sexual activity would fall in this category as would family planning programs directed to teens at risk for pregnancy, those already

sexually active.

Secondary prevention efforts would target the pregnant teenager and family for interventions during pregnancy to assure appropriate informed decisions about the pregnancy and the healthiest possible pregnancy outcome. Coordinated Family Planning, Maternal and Child Health, and Women, Infants and Children programs and teen obstetrical clinics would fall in this category, as would residential maternity programs. Tertiary prevention programs, interventions following pregnancy, are directed to teenage parents to alleviate the resultant socio-economic problems often the consequence of teenage parenthood. Life skills education, job training, and parenthood education programs for teens are in this category.

Procedures:

Program services listed in the S.C. Directory of Services for Pregnant Teenagers prepared by the S.C. Joint Legislative Committee on Children in cooperation with the Program Assistance Line, Office of Lt. Governor, 1982, were examined and categorized into an inventory of primary, secondary or tertiary prevention programs. Criteria used for categorization was whether the program was targeted to

1) General youth population or groups influencing youth,

2) Pregnant teenagers, or 3) Teenage parents as described above. In order to verify program information, a questionnaire was developed and sent to all programs listed in the directory in addition to others known to the committee members. Responses were received from 32 programs including 12 DHEC health districts for a 70 percent return.

Information requested in the questionnaire included:

1) Program longevity, service area, and funding sources;
2) Target audiences of the program;
3) Comprehensiveness of programs-scope of available services and whether by program or by referral;
4) Evidence of program networking in the community; established relationships, and
5) Availability of program evaluation.

Respondents were also asked to identify other programs and services for teens in their community which were included in the inventory (See Appendix B). Primary care centers in the state, community health centers and rural health initiatives were identified since they are required by their funding source to provide family planning, prenatal, well child and adolescent health care, health education, and nutrition services as core services in their programs.

Example programs were identified in each of the intervention areas to illustrate with South Carolina programs the possible program alternatives.

EXAMPLE PROGRAMS:

RHETTA (Formerly SWAT) Reproductive Health Education for Teens, Teachers, and Adults:

A project of the Pee Dee II Health District serving Darlington, Chesterfield, and Marlboro Counties.
Contact: Lucinda Thomas, Director, Public Health Education, Pee Dee II Health District, Plaza Building, Bennettsville, SC 29512.

This program was initiated in 1979 as part of a federally funded Improved Child Health Project to reduce infant mortality in the high rate Pee Dee region. Since early adolescent pregnancy is associated with infant mortality and morbidity, young adolescents were targeted for educational intervention designed to increase knowledge of reproductive health issues, facts and resources. The project developed community and public school support to implement a comprehensive reproductive health education curriculum initially in the 8th and 9th grades in the Darlington schools, and subsequently in other county school districts. Teacher training to prepare school personnel to implement the curriculum and a strong evaluation component to assess change in student knowledge were also included.

The curriculum outline for the course is shown on Page 51 in Figure I. Thirty hours of instruction: 16 hours in grade 8 and 14 hours in grade 9 are required. Written activities, discussion questions and strong audio-visual support accompany each unit. Communication skills, particularly in self-assertion, are emphasized and modeled as are decision making skills. The

relationship of self concept to personal health protection is another key curriculum concept.

In June, 1981, the Darlington County Board of Education voted unanimously to incorporate the reproductive health curriculum into its permanent health education program at the 7th and 8th and 9th grade levels. Parental consent is required, although of the over 4600 letters sent home to parents, less than 1% (35) have declined to allow participation in the course. In 1983, Marlboro County School Board and the Board of Mullins School District #2, Marion County, approved initiation of the course in their districts.

To date, 98 teachers and school administrators have participated in one or more of the five teacher training programs conducted since the program began. These courses were offered for graduate or recertification credit, and teachers observed demonstration classes to learn , through modeling, the methods used. Subjective comments from students and teachers have consistently indicated a positive learning environment, high relevance and, more importantly, self-reported behavior changes in the direction of health protection and promotion.

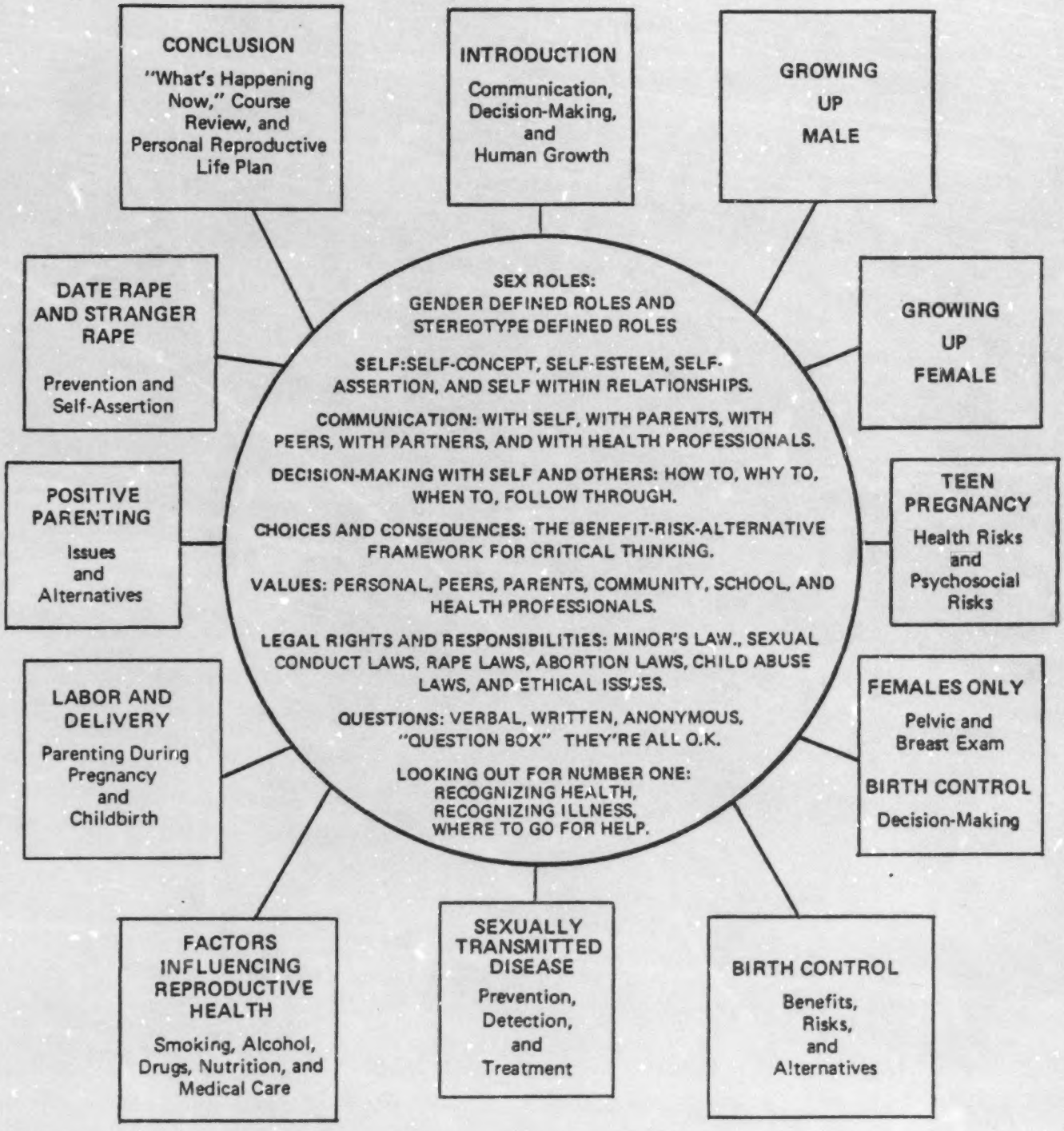
To date 7,310 students in Darlington, Marlboro, Chesterfield, and Marion counties have participated in the RHETTA program. Evaluation has been conducted with a test of reproductive health knowledge and rating scale of self-reported behavior change administered in a pre-post design and in a quasi-experimental study of demographically matched populations comparing students who received instruction with students who did not. In both instances, students showed statistically significant increases in

knowledge, pre- to post-instruction, and students who participated in the classes had significant knowledge gains over those who did not. Retesting one year later showed these results have been sustained over that time period. Self-reported behavior change results showed more than two-thirds of students reporting less embarrassment, more confidence in handling difficult situations, consciously considering health benefits and risks when making reproductive health decisions and liking themselves better. About half reported it was easier to talk to parents as well.

FIGU

Reproductive Health Education Series

CURRICULUM GUIDE II


CONCLUSION
"What's Happening Now," Course Review, and Personal Reproductive Life Plan
INTRODUCTION
Communication, Decision-Making, and Human Growth
GROWING UP MALE
DATE RAPE AND STRANGER RAPE
Prevention and Self-Assertion
GROWING UP FEMALE
SEX ROLES: GENDER DEFINED ROLES AND STEREOTYPE DEFINED ROLES
SELF:SELF-CONCEPT, SELF-ESTEEM, SELF-ASSERTION, AND SELF WITHIN RELATIONSHIPS.
COMMUNICATION: WITH SELF, WITH PARENTS, WITH PEERS, WITH PARTNERS, AND WITH HEALTH PROFESSIONALS.
DECISION-MAKING WITH SELF AND OTHERS: HOW TO, WHY TO, WHEN TO, FOLLOW THROUGH.
CHOICES AND CONSEQUENCES: THE BENEFIT-RISK-ALTERNATIVE FRAMEWORK FOR CRITICAL THINKING.
VALUES: PERSONAL, PEERS, PARENTS, COMMUNITY, SCHOOL, AND HEALTH PROFESSIONALS.
LEGAL RIGHTS AND RESPONSIBILITIES: MINOR'S LAW., SEXUAL CONDUCT LAWS, RAPE LAWS, ABORTION LAWS, CHILD ABUSE LAWS, AND ETHICAL ISSUES.
QUESTIONS: VERBAL, WRITTEN, ANONYMOUS, "QUESTION BOX" THEY'RE ALL O.K.
LOOKING OUT FOR NUMBER ONE: RECOGNIZING HEALTH, RECOGNIZING ILLNESS, WHERE TO GO FOR HELP.
POSITIVE PARENTING
Issues and Alternatives
TEEN PREGNANCY
Health Risks and Psychosocial Risks
LABOR AND DELIVERY
Parenting During Pregnancy and Childbirth
FEMALES ONLY
Pelvic and Breast Exam
BIRTH CONTROL
Decision-Making
FACTORS INFLUENCING REPRODUCTIVE HEALTH
Smoking, Alcohol, Drugs, Nutrition, and Medical Care
SEXUALLY TRANSMITTED DISEASE
Prevention, Detection, and Treatment
BIRTH CONTROL
Benefits, Risks, and Alternatives

S. C. DHEC PEE DEE II – SWAT TEAM PUBLIC HEALTH EDUCATION PROGRAM

School-Community Sexual Risk Reduction Program For Teens:

A federally funded research project of the Department of Health Education, USC, Funded by Office of Adolescent Pregnancy Programs, DHHS.

Contact: Dr. Murray Vincent
Department of Health Education
University of South Carolina
Columbia, SC 29208

This demonstration project, initiated in November 1982, is being implemented in Bamberg County in Denmark-Olar School District with Bamberg-Ehrhardt School District serving as a comparison community. Evaluation of the program will compare the responses of students in grades 5-12 in the two districts as well as selected community members to an adolescent life and sexuality knowledge, attitude and behavior questionnaire in a pre-post design.

The primary objective of the program is to delay the onset of sexual activity among never-married teens and to supply those teens who do become sexually active with the knowledge, self-awareness and skills to become effective contraceptors. Project strategies include:

-An intervention curriculum in 6th, 8th, and 10th grades;

-Parent-child awareness sessions in local churches;

-Parent education courses in the community;

-Teacher training courses in sex education and health promotion;

-Identification and training of high school students as peer counselors;

-Assessment of existing community services for teens and determination of barriers to services.

Intended as a three year project, this effort should provide evidence for determining the effectiveness of a comprehensive teenage pregnancy prevention program.

Other prevention programs that merit mention include:

Beaufort-Jasper Comprehensive Health Services, Inc.: Adolescent Health Services:

Contact: Roland J. Gardner, Executive Director
Beaufort-Jasper Comprehensive Health
P.O. Box 357
Ridgeland, SC 29936

Beaufort-Jasper Comprehensive Health Services, Inc. began serving Beaufort and Jasper counties in June 1970 to provide comprehensive health care and community development services to some residents of the area.

As with all federally funded primary care centers, prenatal care, family planning, child and adolescent health care, dental care, health education, and nutrition are required services.

Beaufort-Jasper Comprehensive Health Services' approach to adolescent health care is unique in the state and necessarily innovative for a predominately rural area. Lack of transportation in rural areas presents a major barrier to accessible health services particularly for teenagers. BJCHS has equipped a mobile unit for delivery of adolescent health care and stations that unit for specified time periods at middle and high school sites throughout the two county service area.

Staffed by a pediatric nurse practitioner and health aide, students receive medical screening and diagnostic treatment,

including family planning services. A strong emphasis of the unit is health education, encouraging students to become better informed about their bodies and providing the opportunity for teens to take responsibility for their own health care.

Adolescent Pregnancy Project; Richland County School District #1:

Contact: Sylvia Grubb
Richland County School District #1
Richland Street
Columbia, SC 29201

In February 1981, Richland County School District #1 initiated an effort to reduce teenage pregnancies, and to facilitate obtaining early prenatal care for girls who become pregnant. Upon request from the student and/or guidance counselor, school nurses tested urine for confirmation of pregnancy. The Richland County Health Department provided the pregnancy testing kits and intensive training for use. Thus, the results of these urine tests facilitated the appropriate birth control counseling when test results were negative and expedited medical follow-ups for the positive tests.

Beginning in the 1982-83 school year, the nurses worked as an intervention "team" member by providing school personnel and students with sexuality information, materials and teaching strategies in an effort to prevent unwanted pregnancies and school dropouts due to pregnancies.

The team consisted of resource people within the school district nurses, guidance counselors, social workers, and psychologists; community resources included Richland Memorial Hospital, Richland County Health Department and Planned Parenthood.

Core services provided through this cooperative project are listed in the following table:

PREGNANCY TEST RESULTS

	TOTAL	NEGATIVE	POSITIVE	% POSITIVE
1982 (- Year)	27	18	9	33.3
1982-83	45	25	20	44.4
TOTALS	72	43	29	40.3

In the 18 months since initiation of the project, 43 of the girls tested for pregnancy had negative results. Follow-up with birth control counseling may then aid 60% of these teens to avoid pregnancy.

Adolescent Pregnancy Project: Core Services:

Service	Provider
1. Pregnancy Test	School Nurse, Community Agencies
2. Contraceptive Education Contraceptive Services	School Nurse; Community Agencies Community Agencies
3. Maternity Counseling	Community Agencies; Social Worker; School Coordinator
4. Health Care Prenatal Care; Preparation for Childbirth; Postpartum Care; Infant Care (School Nurse will monitor health care)	Richland Memorial Hospital (Teen Clinic if girl under 17) Richland County Health Department
5. Health Education Nutrition; Prenatal and Postpartum Body Changes; Effects of Drugs, Cigarettes, Alcohol; Sexually Transmitted Diseases; Birth Process Methods of Contraception	Richland Memorial Hospital; Richland County Health Dept. Other Community Agencies; School Nurse; School Teachers (Home Economics, etc.)
6. Academic Education	School Coordinator will monitor.

Adolescent Pregnancy Project: Core Services (Continued)

Service	Provider
7. Social Services WIC; AFDC; Medicaid; Day Care Support; Crisis Events	Social Worker (For middle/ junior high pregnancies, automatically called; for senior high pregnancies, called when needed) Community Agencies
8. Counseling Follow-up to Maternity Counseling; Vocational/Career	School Coordinator; Other School Counselors
9. Education for Student Mothers and Fathers Child Growth and Development; Infant and Child Care; Parenting and Family Management	School Teachers; Community Agencies

SECONDARY AND TERTIARY PREVENTION PROGRAMS:

Adolescent Obstetrical Program; Medical University of South Carolina

Contact: Sara L. Piechnik, Program Director
OB-GYN Dept./Nurse-Midwifery Program
MUSC
171 Ashley Avenue
Charleston, SC 29425

Begun in 1974, the Adolescent OB Program at MUSC serves the Tri-county area and has the goals of 1) Providing care which promotes healthy pregnancy outcome for pregnant teens aged 17 or less, 2) Preventing repeat pregnancies, 3) Fostering normal adolescent growth and development throughout the childbearing experience, and 4) Enhancing skills in parenting as these teens assume parenting roles.

Pregnant teens are initially seen in the general OB Clinic and are referred to the Teen Clinic program if they are age 17 or less and exhibit a normal medical/ob prospectus. The program provides for

continuity of care through the entire perinatal period through the first year following the birth at 6 weeks, 3, 6, and 12 months. All teens attend group educational classes addressing content topics of nutrition for pregnancy, post-partum and the infant; human sexuality; childbirth preparation, family planning and parenting. The program also coordinates referral to services outside MUSC as individual client needs require: social services, school system, voluntary agencies or vocational resources. Utilizing a team approach to client management, the program provides prenatal care, support through labor and delivery, facilitation of mother-father-baby attachment, family planning services and encourages family involvement and support through the childbearing experience.

A formal program evaluation has not been conducted but the data and record keeping procedures of the program would appear to facilitate an outcome evaluation. Similar teen clinic programs are also in operation at the McLeod Family Practice Center in Florence and at Richland Memorial Hospital serving the Midlands area.

Florence Crittenton Home of South Carolina:

Contact: Mary Green, Program Director
19 St. Margaret Street
Charleston, SC 29403

This program has, since 1897, provided comprehensive residential services to the unmarried pregnant woman in South Carolina who is in crisis because of the pregnancy. Services can be extended to the married women in similar crisis circumstances. A full range of services is provided with the overall goal to

"help the individual consider all alternatives for herself and her infant". The program provides individual, family, and group therapy including psychiatric consultation, adoption counseling and chaplaincy services; medical care, including hospital delivery and postpartum care; instruction in prepared childbirth, family planning and infant care; recreation therapy, life skills education, vocational counseling and accredited school continuation.

In 1982, the program was supported with public funds (70%), state and federal, through the Department of Social Services and by the private sector (30%) through the United Way of South Carolina, contributions and client fees. That percentage is expected to change in 1983 to 58-42, due to cutbacks in public funding.

In 1982 the program received 479 service inquiries, conducted 182 pre-admission interviews and served 159 clients from 33 counties in South Carolina. Client characteristics are shown in the table below. Notably 70% of clients were age 19 or younger. There were 103 infants born to clients in 1982, including one set of twins and one set of triplets; 36 residents were discharged before delivery and 21 delivered in 1983. The table also shows the disposition of infants with 71% being kept by their mothers.

TABLE

CLIENT CHARACTERISTICS-FLORENCE CRITTENTON HOME: 1982

AGE	NO.	%	RACE	NO.	%	FUNDING	NO.	%
15	37	23.3	Black	69	43.4	Private	23	14.5
16-19	75	47.2	White	88	55.3	Title XX	136	85.5
20-25	37	23.3	Hispanic	2	1.3			
26-30	7	4.4						
30+	3	1.9						

TABLE (Continued)

DISPOSITION OF INFANTS	NO.	%
Released for Adoption	27	26.2
Temporary Foster Care	3	2.9
Kept by Mother	73	70.9

A follow-up satisfaction survey of clients discharged in 1982 had an 84% return and results showed clients highly positive about the services received. The survey confirmed what the heterogeneous nature of clients implied: that different aspects of the program were perceived as most effective and beneficial to different types of clients. About one-third found the counseling and emotional support most beneficial, while one-third reported the peer support and socialization as most beneficial, and one-third realized primary benefit from the specific medical, school and health educational services.

Florence Crittenton Home staff believe it is important for the unmarried mother to return to the commmunity as a "whole person with the potential for a healthier and more productive life". "The crisis of an unplanned pregnancy, the necessity to make a major life decision as to whether to keep or release the baby, and the exposure to a heterogeneous, supportive group living experience combine to provide a unique opportunity for learning and growth."*

*Program Summary Florence Crittenton Home, Charleston, SC, June, 1980.

Teen Parent Program-School District of Greenville County:

Contact: Juanita E. Mullinax, Coordinator
205 Anderson Street
Greenville, SC 29601

Begun in 1971, as a three year Title III, ESEA, innovative project, The Greenville County Schools' Teen Parent Program is an alternative day school which serves pregnant students during the time of their pregnancy. The student is enrolled in a curriculum corresponding as nearly as possible to that in her home school: English, math, social studies, science, and home economics. Two special programs are also a part of the student's instruction: a comprehensive health program and the Parent-Oriented Education Program. Referrals are made to social services agencies in the community for medical, financial, and/or counseling needs. Out of county students must pay the tuition fee.

The program has the following objectives:

1) To return the girl to regular school classes without loss of credit or to another appropriate educational program;

2) To develop the girl's knowledge and understanding of health, childbirth, child care, family planning and family life;

3) To provide an opportunity through personal counseling for each girl to develop decision-making skills related to herself and her baby.

Pregnant students who attend middle school through high school in Greenville County are eligible for enrollment and the program serves approximately 120 pregnant teens each school year.

School counselors and/or principals are responsible for conferences with parents to process the parents request, school recommendation, and area assignment. Medical personnel or

individuals can contact the student's school or the Teen Parent Program directly.

Evaluation of the program was conducted in 1974 at the completion of the grant funded period and has been done by the school district subsequently.

Welcome Baby: (Council on Child Abuse and Neglect)

Contact: Sandra Wood, Executive Director
CCAN
1800 Main Street
Columbia, SC 29201

The program was begun in 1978 by the Council on Child Abuse and Neglect serving the Midlands region which trains volunteers to welcome visit every new mother who delivers a baby in a hospital in the Midlands region. Volunteers provide support, caring, and community resource information to these new mothers. The program reached 3,533 individuals and 1,104 families in Richland, Lexington, Fairfield, and Newberry counties in 1982, an increase of 72% from 1981. Statewide development of the program has been underway since 1980 with program development activities occurring in 21 hospitals across the state in 1982.

The program began renting infant safety seats to new parents in December 1982, served 63 families in parenting skills classes and 525 families were assisted from the baby clothes and equipment closet. The number of those who were teenaged mothers was not available but volunteers have included in their training the special problems and needs of teen parents. The council also provides a program of trained parent aides and parent friends to assist mothers at risk for child abuse and neglect, often a problem of too young mothers. Surveys are received from them.

FINDINGS OF THE SERVICES SURVEY

Target Populations

Two-thirds of responding programs were comprehensive in terms of target populations and range of services provided either by the program or through referral to appropriate agencies. Over 40% of programs were directing educational efforts to audiences for primary prevention, i.e., pre-teens and parents, while 68% provided services to teens at risk for pregnancy. Nearly 80% served pregnant teens and 46% included teen mothers. Nine programs (32%) additionally reported the general public as a target group and one-fourth (7 programs) provided professional education as well. Two family planning programs cited males and teen boys as target groups for their services.

Of the teenage audiences, the teen mother was a less frequently reported target than teens at risk or pregnant teens.

Types of Services Provided

Services were assessed in two categories: (1) education and training and, (2) health and social services.

Over 70 percent of programs surveyed reported providing either by the program or through referral the following care:

Personal counseling	100%
Family planning	89
Community information	89
Nutrition education	86
Parenting education	86
Prenatal education	82
Well baby care	82
Prenatal care	75
Nutrition supplement	75
Sex education	75
Childbirth education	75

The smallest percentage of programs addressed these topics of care:

leisure education/activities	29
homemaker education	36
career education	39
communication skills	43
lifeskills education	43
job training	46
child care (day care)	46

These results may imply that although programs in the state are addressing the immediate needs of pregnant teenagers: contraception, prenatal care, well baby care, etc., the efforts necessary to deal with long term needs such as homemaker or career education, job training, child care are less well addressed. This implication is also evident in the networking reports of the programs surveyed.

Networking

Networking was defined as the established working relationships with other agencies either by contract, agreement or established pattern of referral.

Over 80 percent of programs reported established relationships with:

Public schools	92%
Dept. of Social Services	92%
Mental Health	81%
Hospitals	81%

Less than 50 percent reported established relationships with:

day care	15%
other family planning services	31%
post secondary institutions	38%
adoption agencies	46%
abortion services	46%

About 58% reported established links with vocational-technical schools.

Only 11 (39.3%) of the programs reported that a formal evaluation of their program had been conducted.

Source of Funding

Two-thirds of programs responding to the survey were generally supported through three major sources, state and federal funds and fees or third party payments, reflecting the predominance of health department programs in the survey. Nine (29%) received funds from local government including school districts, and seven were supported solely by fund-raising, contributions, and fees.

Discussion and Results

Family planning services for teenagers and prenatal clinic services to pregnant teens are available in every county through DHEC public health districts and county health departments*. Many of the more rural areas have these services available through the 18-20 primary care centers across the State. All providers surveyed indicated teenagers as a major target audience for their services. Primary care centers in addition are mandated to provide these services. But it is unknown how accessible these services are perceived to be by teenagers in need.

Primary prevention educational programs, those directed to pre-teens, parents of teens and general youth, were much less well

*Prenatal care services in the following counties do not include physician or CNM on staff: Abbeville, Allendale, Barnwell, Beaufort, Georgetown, Hampton, Horry, Jasper, McCormick, Sumter, Williamsburg, (Project 236, DHEC 4/7/83).

represented. Programs, however, were underway in two very high teen pregnancy and birth rate areas and were characterized by strong school system cooperation. Additional descriptive information is needed on specific public school system efforts to delay sexual activity and prevent unwanted pregnancy in addition to more current evaluative information in school based family life education.

Family life education courses are presently offered in school districts through home economics programs, but reach only about 7,000 students annually. Elective health education courses in high schools have enrollments slightly higher, reaching about 10,000 students annually in elective courses. But health education is required for students in 7th and 8th grades and offers the opportunity for inclusion of reproductive health education at a time when students need factual information. To facilitate inclusion of reproductive health education content in middle and junior high school health education, the South Carolina Department of Education in cooperation with the South Carolina Medical Association has developed an ITV program appropriate for this age group which became available in 1983-84 school year. Data on the utilization of this program should be collected.

The majority of programs responding have not been formally evaluated. Several, however, have extensive evaluations planned including the Denmark Sexual Risk Reduction Project and the Adolescent Pregnancy Program at St. Mary's Human Development Center serving the Beaufort-Jasper area.

Programs generally reported established relationships with an expected wide range of public services in their areas. Fifty to 75 percent of the programs reported established networks with private practice physicians and psychological professionals with obstetrical physicians predominating, and about 70 percent reported networks with other community groups. Clearly the linkages are present for utilization of local community services, a necessary characteristic of effective programs.

APPENDIX A

SURVEY RESULTS

SURVEY RESULTS

TABLE 1

SOURCES OF FUNDING

KEY		NUMBER	PERCENT
1.)	State Appropriations	21/31	67.7
2.)	Federal Appropriations	20/31	64.5
3.)	Local Government	9/31	29.0
4.)	Private Foundation	5/31	16.1
5.)	Fund Raising	6/31	19.4
6.)	Fees/Third Party	21/31	67.7

TABLE 2 n=28

TARGET POPULATIONS SERVED

GROUP	NUMBER OF PROGRAMS	PERCENT
Public/Community Members	9	32.1
Preteens	12	42.8
Parents of Young Children	12	42.8
Parents of Teen Girls	13	46.4
Parents of Teens	12	42.8
Parents of Teen Boys	12	42.8
Teens at Pregnancy Risk	19	67.8
Pregnant Teens	22	78.6
Teen Mothers	13	46.4
Professionals	7	25.0
Males-Teen Boys	2	7.1

Has Formal Evaluation of Program Been Conducted?
n=28

	YES	NO	NR
NUMBER	11	16	1
PERCENT	39.3	57.1	3.6

TABLE 3 n=28

TYPE OF SERVICES PROVIDED

	EDUCATION/TRAINING SERVICES	BY PROGRAM	BY REFERRAL	PERCENT
1)	Leisure Educational/Activities	5	3	28.6
2)	Career Education	5	6	39.3
3)	Family Life - Sex Education	18	3	75.0
4)	Education in Decision Making/Sex Responsibility	15	2	60.7
5)	Communication Skills	9	3	42.8
6)	Prenatal Education	16	7	82.1
7)	Nutrition Education	18	7	86.2
8)	Childbirth Education/Preparation	14	7	75.0
9)	Parenting Education/Child Development, etc.	15	9	85.7
10)	Homemaker Education	6	4	35.7
11)	Lifeskills/Independent Living Education	8	4	42.8
12)	Job Training/Vocation Education	2	11	46.4
13)	Community Information	20	5	89.2
14)	Professional Education/Training/Consultation	12	6	64.3
15)	Research	1	0	3.6

	HEALTH AND SOCIAL SERVICES	BY PROGRAM	BY REFERRAL	PERCENT
A)	Family Planning (Contraception)	17	8	89.2
B)	Abortion	1	15	57.1
C)	Adoption	1	18	67.8
D)	Foster Care	1	15	57.1
E)	Residential Care	1	13	50.0
F)	Prenatal Care	10	11	75.0
G)	Nutrition Supplementation	8	13	75.0
H)	Birth and Delivery Services	4	15	67.8
I)	Well Baby Care	7	16	82.1
J)	Career/Vocation Counseling	4	12	57.1
K)	Personal Counseling	17	11	100.0
L)	Child Care (Day Care)	3	10	46.4
M)	Advocacy	10	5	53.6

TABLE 4

NETWORKS

n=26

KEY #	AGENCIES	NO. OF PROGRAMS	PERCENT
1	Public School	24	92.3
4	DSS	24	92.3
5	Mental Health	21	80.8
7	Hospitals	21	80.8
6	Health Departments	20	76.9
19	Private Practice OB's	19	73.1
13	Community Groups	18	69.2
9	Religious Organizations	16	61.5
21	Private Practice Family Practitioners	16	61.5
2	Tech./Voc. Schools	15	57.7
20	Pediatricians	14	53.8
22	Psychologist/Counselors (Private Practice)	13	50.0
8	Adoption Agencies	12	46.1
11	Abortion Services	12	46.1
3	Other Post-Secondary	10	38.5
10	Family Planning Services	8	30.8
12	Day Care	4	15.4
OTHERS CITED			
14	Speech/Hearing	2	7.7
15	March of Dimes	1	3.8
16	CCAN	1	3.8
17	ADA	1	3.8
18	DMR	1	3.8
23	Voc. Rehab.	1	3.8
24	DYS	1	3.8

APPENDIX B

SERVICES INVENTORY

Programs listed in this appendix were found primarily in the South Carolina Directory of Services for Pregnant Teenagers prepared by the Joint Legislative Committee on Children, in conjunction with the Lieutenant Governor's Office Program Assistance Line. August 1982.

PRIMARY PREVENTION PROGRAMS: SERVICES TO YOUTH

PROGRAM	SERVICE AREA	TARGET
RHETTA (SWAT): School based sex education conducted by public health staff; Community education	Darlington, Marlboro, Chesterfield, Marion	8th, & 9th Grade Students; Community Groups
Family Life Education Curriculum Project Anderson School District #5 (Community involvement in curriculum development)	Anderson (City)	Public School students; Parents
School Health Program - School District and Health Department and Family Life Education/Follow-up on Referrals	Pickens	Public School Students
Adolescent Health Care - Sea Island Comprehensive Care: Clinic, Counseling, Family Planning, Recreation	Charleston/Sea Islands	Teens 12-18 years old
Planned Parenthood School Intervention to Reduce Teen Pregnancy (Teacher/ Parent Training as Sex Educators)	Richland District #1 (Completed June, 1983)	Teachers/ Counselors; School Nurses/Parents
Tri-county Council on Teen Pregnancy - Parents as Sex Educators Workshops	Charleston, Dorchester, Berkeley	Parents; Community Groups
Task Force on Improved Family Life Education-Developing Parent Education Programs	Spartanburg, Union, Cherokee	Parents, Community Groups
Planned Parenthood - Family Planning Services	Richland, Lexington, Fairfield, Newberry	Women, Sexually Active Persons
DHEC - Family Planning Clinics	Statewide	Women, Sexually Active Persons
Grand Strand Pastoral Counseling Service - Individual and Family Counseling on Sexual issues	Dillon, Florence, Georgetown, Horry	Individuals/ Families
Family Service Center - Family Life Skills, Education, Personal Counseling	Richland, Lexington, Fairfield, Newberry	Individuals, Families, Parents
Family Tree - Parent Education, Support Group	Columbia-Irmo Area	Parents
Association of Marriage and Family Counselors - Continuing Education	Statewide	Professionals
School Nurses Annual Training/Family Planning Update - SDE/DHEC	Statewide	School Nurses

PROGRAM	SERVICE AREA	TARGET
Beaufort-Jasper Comprehensive Health, Inc. (Adolescent health care)	Beaufort, Jasper	Preteens, teenagers
Teen Center (Leisure Activity)	Florence	Teenagers
March of Dimes Sandhills Chapter Teen Peer Counseling	Sumter	Teenagers
Girl Scouts	Urban areas of State	Female Youth

SECONDARY PREVENTION PROGRAMS: SERVICES TO PREGNANT TEENS

PROGRAM	SERVICE AREA	TARGET
Prenatal Class conducted by school nurses in cooperation with health department	Abbeville	Pregnant girls enrolled in school
Teen Parent Program: Alternative day school for school completion, prenatal care/parent education	Greenville	Pregnant girls in public schools
Teen Parenting Group - YMCA: Child Care and Parenting Classes	Charleston, Dorechester, Berkeley	Low risk pregnant teens
MUSC Adolescent Obstetrical Program: Maternity Care/Education	Charleston, Dorechester, Berkeley	Pregnant Teens
Adolescent Obstetrical Clinic: Comprehensive Maternity Care/Education	Florence region	Pregnant Teens 17 or Less
Women's Education Program - St. Mary's Human Development Center: Comprehensive Educational services - Prenatal, Parent Education, Home Management, Basic Education, Nutrition, Job Training	Beaufort, Jasper	Title XX Eligible Women, Teens
Florence Crittenton: Residential Comprehensive Health/Educational Services	Statewide Referral Sites: Charleston and Charlotte	Unmarried Pregnant Women, Teens
Birthright: Comprehensive Support/ Referral/Educational Services to enable completion of Pregnancy/Adoption Services	Statewide Referral Charleston and Columbia	Pregnant Women, Teens
Catholic Charities: Counseling/Referral/ Adoption Services	Statewide Referral Charleston, Columbia	Pregnant Women, Teens
Children's Bureau - Centralized Services Unit - Teens: Counseling/Services Coordination/Referral/Adoption/Foster Care	Statewide Referral	Pregnant Teens
DSS - Special Services for Unmarried Mothers: Screening for Crittenton Services/Funding for comprehensive Services	Statewide	Title XX Eligible Pregnant Teens/ Never Married
CCAN - Parent Friend Program during Pregnancy/Parenting Classes	Richland, Lexington, Fairfield	At Risk Pregnant Teens

PROGRAM	SERVICE AREA	TARGET
B-J Comprehensive Health: Prenatal Care, Nutrition, WIC	Beaufort, Jasper	B-J Residents Pregnant Teens
Franklin Fetter Family Health: Prenatal Clinic/Nutrition/Family Planning	Charleston	Income Eligible Residents
M & I Project: Prenatal/WIC/Well Baby/Family Planning (Closed September, 1982)	Cherokee	Pregnant Women Income Eligible
March of Dimes: Prenatal Educational Materials	Statewide	Public Pregnant Women
Getting Ready for New Baby - Clarendon Hospital: Prenatal/ Infant Care Education	Clarendon	Pregnant Women
Low Risk Maternity Program: Prenatal Care/Education/Screening for High Risk Program	Clarendon	Pregnant Women
Planned Parenthood - Counseling and Abortion Services	Richland, Lexington, Fairfield, Newberry	Pregnant Women
Grand Strand Pastoral Counseling: Pregnancy Counseling	Dillon, Florence, Georgetown, Horry	Pregnant Individuals/ Families
Contact Help - Hotline: Information/ Referral	Midlands	Individuals in Crisis
Family Service Center: Crisis Counseling	Richland, Lexington, Fairfield, Newberry	Individuals/ Families
Abortion Hotlines: Information and Referral	from Charlotte, NC Atlanta	Pregnant Women
Homebound Program for Pregnant Adolescents	Anderson School District #5	Pregnant Teens
Crisis Ministries	Greenville	Individual in Crisis

TERTIARY PREVENTION: SERVICES TO TEEN PARENTS

PROGRAM	SERVICE AREA	TARGET
Teen Parenting Group - YWCA: Infant Care/Child Development/Parenting Classes	Charleston, Dorchester, Berkeley	Teen Mothers
Women's Educational Program, St. Mary's Human Development Center: Comprehensive Education/Life Skill Developmental Services	Beaufort/Jasper	Title XX Eligible Teen Mothers, Women
Puzzle of Parenting: Child Development Parenting Education delivered through elementary schools - SDE	Statewide	Parents of Infants/Preschool Children
Child Development School of Low Income Families - USC: Day Care/Teaching Lab	Allendale, Columbia, Union, Lancaster, Spartanburg	Title XX Eligible Families
Stork's Nest: Infant Care/Parenting Classes	Charleston	Low Income Mothers
Council on Child Abuse and Neglect-Welcome Baby/Parent Friend/Parenting Classes	Richland, Fairfield, Lexington, Newberry	New Mothers/ Parents at Risk for Abuse and Neglect
Council on Child Abuse and Neglect - Welcome Baby: Information/Support for Mothers in Hospital	Aiken, Sumter, Spartanburg, Charleston Naval/ MUSC, Florence, Beaufort	New Mothers
Infant Health Services: Nutrition/ Social Work/Counseling; Health/Parent Education - DHEC	Darlington, Marlboro, Chesterfield	Parents of Infants
Clemson Extension Services: Homemaker Education	Statewide (All Counties)	General Public, Homemakers
Family Service Center: Crisis Counseling/Employment/Credit Counseling	Richland, Lexington, Fairfield, Newberry	Individuals/ Families
La Leche League: Breastfeeding Classes/Support Group	Richland, Lexington	Breastfeeding Mothers
Urban League: Job Counseling/ Training	Richland, Lexington	Low Income/ Unskilled

PROGRAM	SERVICE AREA	TARGET
School District Adult Education; Tech School CE Programs: GED Preparation	Sites Statewide	Early School Leavers
League of Women Voters of South Carolina: Educational Materials	Aiken, Berkeley, Charleston, Florence, Greenville, Richland, Spartanburg, Sumter, York	Public
Rural Infant Care Project	Florence	Parents of Infants/Young Children
Wil Lou Gray Opportunity School	Columbia Area	Unskilled Youth
Upward Bound Program - Claflin College	Orangeburg	Disadvantaged Youth

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